13862 CERTIFICATE OF DEATH

13796

								Keg. Dist	, No.	
PLACE OF DEATH a. COUNTY	Montgome	ry	MARYLAND	2. USUAL RESII o. STATE	Md Md		lived. If instituti b. COUNTY		before admiss	sion)
b. CITY OR TOWN (If RURAL ond give ne Chevy Ch	outside corporate limit prest town) 1856	ls, write	c. LENGTH OF STAY IN 16	c. CITY OR		vy Ch	ote limits, write f BS 0	URAL and gi	ve nearest tow	1)
OR INSTITUTION	At (If not in hospital, g		ddress)	4835		gdrum	Lane			FARM?
3. NAME OF DECEASED (Type or print)	fin Herbe		Middle F _	Aldrid		4. DATE OF DEATH	Mor Decembe		/	Yeor
5. SEX male		7. MARRIE	ED NEVER MARRIED DIVORCED	9/26/1	Н		AGE (In years lost birthday)	IF UNDER 1	YEAR IF UNDI	R 24 HRS Min.
		_	IND OF BUSINESS OR INDL			1	67 yrs.	Da Citiai	EN OF WHAT	CHATTRA
during most of working the tired. I	ing life, even if retired)		U.S. Govt.	Con	n.		unity)	12.CITIZI	U.S.A	
	Thomas Al	drid.	ora .			Broo	ke			
5. WAS DECEASED EVER				INFORMANT		2100		rait @il	<u></u>	
(Yes, no. or unknown)	If yes, give wor or dates of se	ervice)		live R.	Wife	ridge	.4835 1	Cher Langdi	vy Cha	se, l
Conditions, if an gave rise to in couse (a), stating t lying couse last. PART II. OTH	nmediate DUE TO	DITIONS CO	CONTRIBUTING TO DEATH BU					,	1(0) 19. WAS	AUTOPS'
PART II. OTH		-0.								NO _
	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RISE HOW INJURY OCCURRE	ED. (Enter nature a	f injury in	Part & or Part	Il of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea	While of work	Not while fo	ACE OF INJURY (or town)	{Co	iunty)	(Stote
21. I certify the alive an	at I attended the	decease , 195	d from 194		10 p		he causes areet, city or lown,	nd on the		abave
PENDVAL (Specify)	12/15/5	F Q	22c. NAME OF CEMETERY C		79 V		ON (City, lown,		(Stat	e)
DULL		/			1 W					

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TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours ofter death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 15M 9/58

May be ending 02850 (0910 LUCE MEMALECT of the sine Provide agreed vaccos Cononery Thrombosis B. Engle levetic Hourd D. se use

AND THE REAL PROPERTY OF THE P

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13868

CERTIFICATE OF DEATH

13797

1. PLACE OF DEATH o. COUNTY	MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (o. STATE D o	(Where deceased li	ved. If instituti b. COUNTY		before admir	ision)
b. CITY OR TOWN RURAL ond give KENSII	(If outside corporate limits, write nearest fown)	Stength of STAY IN 16 Dec. 8,1959	c. CITY OR TOWN ((If outside corporate SHINGTON		URAL ond giv		m)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in haspital, give street ENSINGTON GARDE	oddress) NS REST HOME	d. STREET ADDRESS 7701 GEO	RGIA AVE			e. IS RE	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First EDGAR	Middle RICHBELL	ALLABAND	4. DATE OF DEATH	Mor DE	EC.	110oy	Year 19 59
5. SEX MALE	6. COLOR OR RACE 7. MARI WHITE WIDOW		8. DATE OF BIRTH 1/27/72	9.	AGE (In years last birthday) 87 yrs.	Months D	YEAR IF UND	ER 24 HRS. Min,
during most of we	ION (Give kind of work done 10b. orking life, even if retired) ST (retired) Re	KIND OF BUSINESS OR INDU	DELAWAR	RE	ntry)		S.A.	T COUNTRY
	R. ALLABAND		MARY	Y KINNEY				
15. WAS DECEASED EV (Yes, no, or unknown) NO	ne i de é l'el		rs. Emma C.	Allaband		Ga. Av		
PART I. Di 4 2 2 . Conditions, if gove rise to code (o), stotin lying couse lost	any, which immediate g the under-	Engistive Vilerio Ecle	rote car		las des		ya.	ra.
CATI	THER SIGNIFICANT CONDITIONS			2500		/EN IN PART 1	PERF	AUTOPSY ORMED?
OR CONTRIBUTING	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port I or Port II	of item 18.)			
Y 20c, TIME OF INJU Hour o. m. p. m.	. While	Not while for	ACE OF INJURY (Home, fictory, street, office bldg.,	orm, 20f. (City or etc.)	town)	(Co	unty)	(Stote)
1	that I attended the decease of the control of the c	iman MD.	, 19.59, to occurred at 1.25 M.D 133 /6	AM, from 1 ADDRESS (Street	the causes on, city or town,	and on the	date stat	deceased ed above PATE SIGNED
220. BURIAL, CREMATI REMOVAL (Specif BURIAL	12/14/59	22c NAME OF CEMETERY OF FI'. LINCOLN			GEO. C		(Sto MARYL	
23. FUNERAL DIRECTO	PESSIGNATURE Y, INC.	ADDRESS SILVER SPRII	NT 275 N 6775	EC'D BY REGISTRA		STRAR'S SIGN		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 should be filed with DEUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the buriot-transit permit. Then please remaye carbon papers. Pages I and the registrar priar ta burial, cremation, ar remaval, and in any event within 72 haurs after death. by the haspital ar attending physician. may be reta VS A15 (4) 15M 9/55

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professional and profession					
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				War-	THE STATE OF
				War-	
					100 St. 170 July 200
					MANUAL PROPERTY

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

		1	3	7	9	5
PAZ-A	NI.					

		13333						Reg. D	ist. No.	•	
1. !	PLACE OF DEATH O. COUNTY MONTGOME	PDV	MARYLAND	2.	USUAL RESIDENCE (W. STATE MAR	here decease	ed lived. If institution b. COUNTY		nce befo		ion)
1	b. CITY OR TOWN (If or	utside corporate limits, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If		prote limits, write Ri	JRAL ond	give nec	rest towr	1)
	RURAL ond give neore	ER SPRING	1 vr.,2 mos.	5	SILVER	SPRIM	NG				
	d. NAME OF HOSPITAL	(If not in hospital, give street		1	d. STREET ADDRESS	A Arro					FARM?
-	MARILEA NUR				8819 Secon	1	•			152	NO I
- 1	NAME OF DECEASED (Type or print)	JERUSF	Middle		ANNADALE	4. DATE OF DEATH	DECEMBE		Do	ry	Year 19 59
s. s		CONTRACTOR DESCRIPTION	RRIED NEVER MARRIED DIVORCED DIVORCED		26/80		9. AGE [In years last birthday) 79 yrs.	Months Months	Days	Hours	R 24 HRS. Min.
100	. USUAL OCCUPATION during most of working	(Give kind of work done 10	. KIND OF BUSINESS OR INDU	USTRY	11. BIRTHPLACE (Stote	or foreign o	country)	12. CI	TIZEN O	F WHAT	COUNTRY
	Homemaker	, mo, eran ii remedi	Own home		Virgin	ia			U.S.	.A.	
	FATHER'S NAME			14	MOTHER'S MAIDEN	NAME				-	
	Robert L. N	ash			Susan Poo	T					
15.	WAS DECEASEDEVER IN	N U. S. ARMED FORCES? 1	S. SOCIAL SECURITY NO. 17.	INFOR	MANT		Addr	ess			
	no. or unknown) (If y	res, give wor or dates of service)	none Mr	S.	Geo. H. Ma	nning	, 8819 2n	d Ave	2.,		
	Conditions, if any, gove rise to imm couse (o), stating the lying couse lost.	rediate (witerws	el	eroro		45-156-20-2-2-2-2			4	
CATION	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT	RELATED TO THE TERM	IINAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(0) 1	PERFO	AUTOPSY PRMED? NO [4-
CERTIFI	200. ACCIDENT WAS LOR CONTRIBUTING []	UNDERLYING (1) 206. DE CAUSE OF DEATH DICAL EXAMINER)	SCRIBE HOW INJURY OCCURRI	ED. (En	ter nature of injury in	Part I or Par	rt II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Whil		LACE (OF INJURY (Hame, forn street, office bldg., etc	n, 20f. (Cit	y or tawn)	1	County)		(State)
	21. I certify that	1 attended the deced	sed from.		, 19-28, to 2	-7 l	lec. 195	Z,that I	fast so	w the	decease
	alive an 22	Dec., 19	5 /, and that deat	h acc	urred at 273		m the causes a				
	ACTUAL SIGNATURE	Man	Day	_M.D.	9006	ADDRESS (S	lezul	Ce !	pp		TE SIGNE
	PHYSICIAN'S NAME (Type) WI	LLIAM D. AUD			Lilie	en S	pring	2	nd	7	
220	BURIAL CREMATION, REMOVAL (Specify) BURIAL	22b. DATE THEREOF 12/30/59	FT. LINCOLN			PRIN	CE GEO.		Y, M	(Stote	
	FUNERAL DIRECTOR'S S	IGNATURE UMPHREY, INC	SILVER SPRIM	NG,		EC 3 0	100	TRAR'S SI			

may be retained by the hospital or attending physician.

D. FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shaula be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the dooth certificate be executed within 24 flours offer death. Page #

TO FUNERAL VS A15 (4) 15M 10/57

THE TOWN INC. THE RESERVE THE MAN AND EDGE TO A COLOR OF THE AND A COL 2 21 CHATTER OF DEATH 100 and the Designation of the

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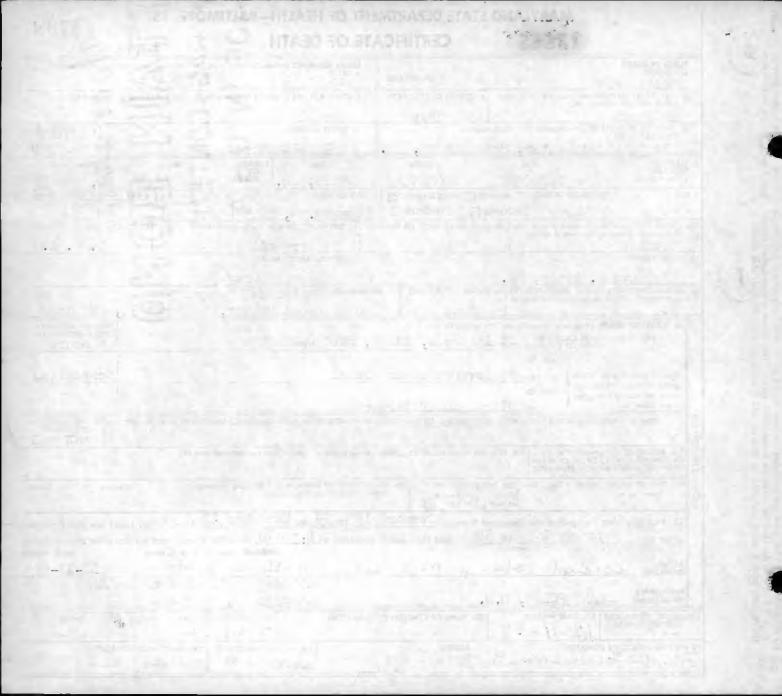
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13865

CERTIFICATE OF DEATH

13799 Reg Dist No

									Kadi mi	III I TOU	
1. PLACE OF DEATH a. COUNTY			MARY	LAND	a. STATE		ere deceased	lived. If institution b. COUNTY		ce before o	odmissian)
Montgome	If outside corporate limi	ts write	c. LENGTH OF STAY	IN 1h	Virgi		utride corner	ate limits, write R	folk		h down h
RURAL and give n	nearest lawn)						wiside corpor	Ole Hamils, write K	() "	live neores	i idwirj
Bethesda			25 days		Norfo				3 3 X	- 3	
OR INSTITUTION	ITAL (If not in haspital, g	ive street	address)		d. STREET AD					e. 1	S RESIDENCE
The Clin	ical Center	. Be	thesda ll.	Md.	453 W	alk	Street				ES NO 5
3. NAME OF DECEASED	Fir	st	Middle		Last		4. DATE	Mon	th	Day	Year
(Type or print)	THEO	ORE	ROOSEV	ET.T	ARTIS.	JR.	DEATH	DECEM	RER	10.	19 59
5. SEX			IED NEVER MARRIE		DATE OF BIRTH	0 200					UNDER 24 HR
Male	Negro	WIDOWI			December	. 6	1015	9. AGE (In years last birthday)	Months	Days H	ours Min.
	ON [Give kind of work				December	"E (State	1745	make the barrier	12 617	IZENI OF V	VHAT COUNT
during most of wor	rking life, even if retired	100.		K 114D031				omiyi	12. 011		
Student			None			irgi				U.	S. A.
13. FATHER'S NAME					14. MOTHER'S N	AIDEN N	IAME				
Theodore	R. Artis,	Sr.					e Gray				
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. INI	FORMANT The	Med	ical F	lecord Add	ress		
No	The year give view as about		None	T	he Clini	cal	Center	. Bethes	da 14	. Mar	rvland
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	Ate	ne for (a), (b), and (c). lectasis,]						INTERV	AL BETWEEN AND DEATH NOURS
Conditions, if a	ony, which (b	Atr	ioventricul	lar	Canal	<u>.</u>				Cong	genital
lying cause last.	ine unger- L		ral Insuff	icien	су						
САТИ	THER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO T	HE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	P	WAS AUTOPS) PERFORMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature of i	njury in f	Part I ar Part	II of item 18.)			
20c. TIME OF INJUING Hour o.m.		While	NJURY OCCURRED Not while t	20e, PLAC facto	E OF INJURY (Ho ary, street, affice b	ome, farm oldg., etc.	, 20f. (City	or tawn)	(0	County)	(State
21. I certify II alive an	hat I attended the December 10	deceas	59, and that	death (accurred at 1	:12	PM, fram	the causes of	ind an th	ne date	stated aba DATE SIGN
SIGNATURE S	CLAND FOLSE	. M.	e, mi	<u>)</u> "M	Na	tion	al Ins	Center stitutes Marylan			2-11-59
	ON. 22b. DATE THEREC		22c. NAME OF CEME	ETERY OR			*	ION (City) town, of		1	(84ale) .
23 FUNERAL-DIRECTOR		ne 3	ADDRESS 284-R.D.	age	7.W' 2		C 1 4 '5		TRAR'S SIC		

VS A15 (4) 15M 10/57



OR ATTENDING FHYSICIAN: The law requires that the death certificate be executed within 24 hagra

TO HOSPITAL

VS A15 (4) 15M 9/58

M after death. Page A

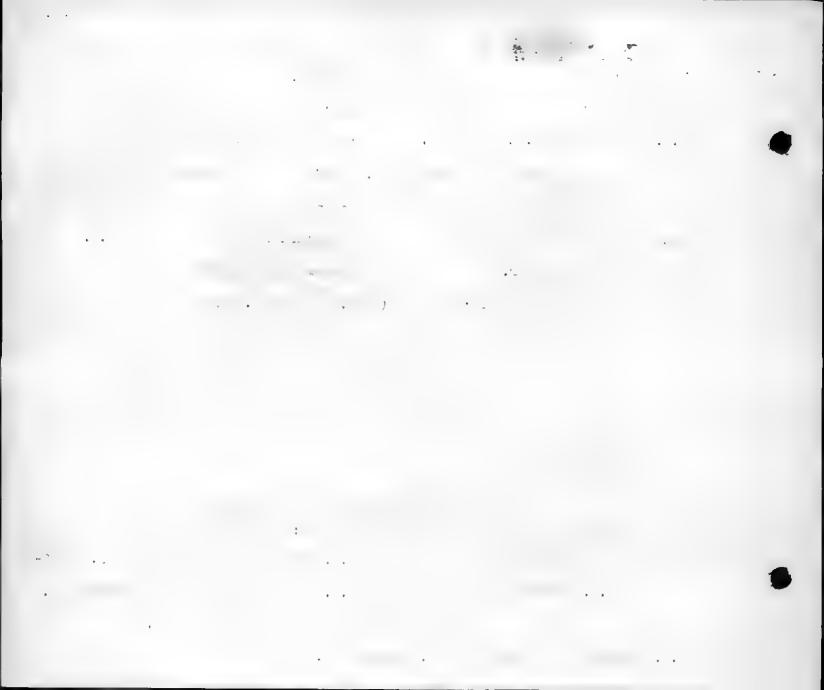
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13866

CERTIFICATE OF DEATH

13800

	2000	CLKI	IIICAIL OI	PLAIII			Reg. Dist	No.	
o. COUNTY	Montgomery	MAR	YLAND 2. USUAL R	esidence (Whe	re deceased liv	b, COUNTY	on: Residence		mission)
Bethesda	(If outside corporate limits, nearest town)	, write c. LENGTH OF STAY		or town (If ou	tside corporate	e limits, write R	URAL and gi	ve nearest to	own)
OR INSTITUTION	ITAL (If not in hospital, giv		d. STREE	T ADDRESS				10	RESIDENCE
		Bethesda 14,		Spruce				YES	□ NO M
NAME OF DECEASED (Type or print)	Patrici			i	4. DATE OF DEATH	Decem		Doy 1	Year 19 59
SEX		7. MARRIED NEVER MARR			9.	AGE (In years	IF UNDER 1	YEAR IF UN	
Female	White v	WIDOWED DIVORC	ED □ 29 Ja	anuary 1	.952	7 yrs.		Days Hou	
during most of wo Student	ION (Give kind of work do rking life, even if retired)	None None		HPLACE (Stote o Washingt			12, CITIZ	U.S.	A _
. FATHER'S NAME		1,0120		R'S MAIDEN NA		-	1	****	
Henry D.	Atler, Jr.		1	largaret	Barne	tt			
S. WAS DECEASED EV	ER IN U. S. ARMED FORCE (If yes, give war or dates of serv	ES? 16. SOCIAL SECURITY NO	1	The Medi				Mary	land
18. CAUSE OF DE		se per line for (o), (b), and (c)	I-]					INTERVAL	8ETWEEN ND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	Wilms Tumor	with extens	sive inv	olveme	nt of 1	ungs,		onths
180 X	DUE TO	liver and pan	creas						
Conditions, if		Bronchopneumo	mia					unkno	WII)
gove rise to couse (o), stoting lying couse last	the under-								
	, (c)	ITIONS CONTRIBUTING TO DI	ATH BUT NOT RELATED	TO THE TERMIN	NAL DISEASE C	ONDITION GIV	EN IN PART	PER	AS AUTOPSY REORMED?
	AS UNDERLYING 2 G CAUSE OF DEATH Y MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY (OCCURRED. (Enter notus	e of injury in Po	ort I or Part II	of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Year 19	20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJUR foctory, street, o	tY (Home, form, ffice bldg., etc.)	20f. (City or	town}	(Co	ounly)	(Stote
21. I certify to alive on Dec		deceased fram June, 19 59 , and tha	t death accurred	at 1:25 AM	M, fram the	e causes an	d an the	date stat	
PHYSICIAN'S NAME (Type)	Arthur R. Re	othman M.D.				itutes Marvlan		ilth	
20. BURIAL, CREMATI- REMOVAL (Specify		59 Colleyton	ALLET OR CREMATORY			N (City, town,		dinie	Stote)
3. FUNERAL DIRECTO					BY REGISTRA				

				T - " "	
100100	soulve.	Sur/gph		gramp and	
		Stars associati	100 Shb		abd tandati
	hone	era manga das	ADV AUT ablied	al Joint La	Intita and
12 1	Dispersi	. (1)	10 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	als basel	
	1 1 1	29 Juniory 1959		987.51	- n (next)
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heat the pile	710000	n Parigate. Destination Mar isolotiv Mil		.16 200100	.0 (2.01 20 - 1
same de la cons					
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\$.					
		rapal Ki	* - 80° E	1 700	ned - Dec
	mand is security	Ismire!		Assistant and	
		1.000		200	*



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ARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
MEDIC	AI FY	AMINED'S C	ERTIFICATE	OF DEATH	

13802

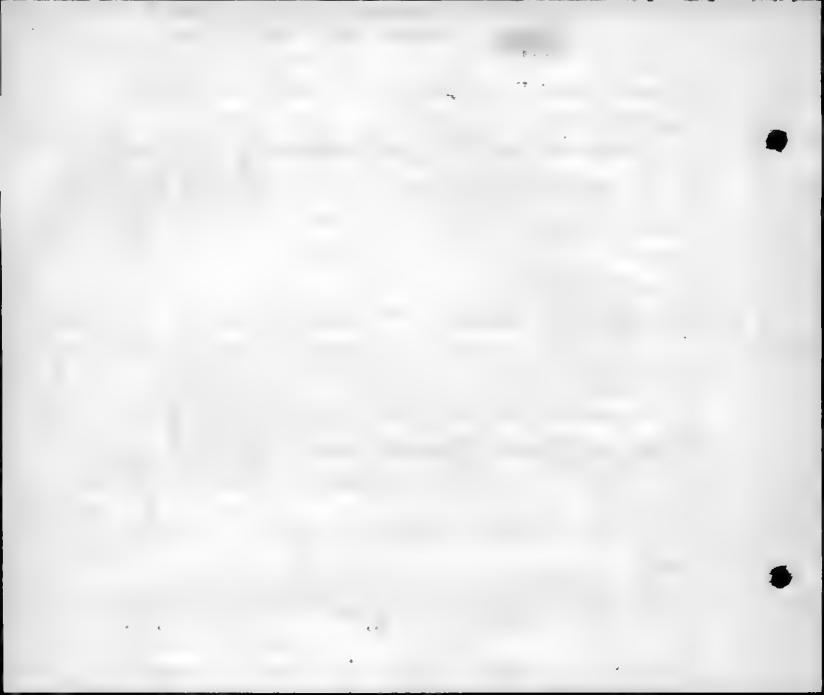
	MEDICAL EXAMINER	S CERTIFICATE OF DEATH Reg, Dist. No.	
仁	PLACE OF DEATH 12000	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admis	sion)
1"	o. COUNTY MINTENNERY MARYLAN	o. STATE mel b. COUNTY MATE	*
	C. CITY OR TOWN (II outside corporgle firmit, write RURAL) C. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give represt tow	rn)
	Degree R-1 1/2 yrs	Jerward B-1	
	A. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	A. STREET ADDRESS . IS RE	SIDENCE FARM?
	Redland		№ 🖬
	NAME OF First Middle	Last 4. DATE Month Day Ye	
	(Type or print) (EX 6. COLOR OR RACE 7- MARRIED The NEVER MARRIED T		377
3.	6. COLOF OR RACE 7. MARRIED TO NEVER MARRIED TO	but highered	Min,
100	USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDU		OUNTRY
'	luring most of working life, even if retired) Farm	Virginia M.S.C	en C
13.	FATHER'S NAME	Mary C. Copper	
	Ernest C. Barnhouse	KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
15 (Ye	on or unknown 1 (if was now year or dates of special	NFORMANT Address	
	577-16-9748	Ter may Birmposere (well) Itu	2_
	TB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED 8Y:	INTERVAL BETWEE	EN EN
П	IMMEDIATE CAUSE (6) C. CLONDAY	eclusion 5md a	cial
	4 DUE TO	en Fe	7
	Conditions, if any, which (b) (b)		
	(c), stating the underlying DUE TO		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS A PERFOR	JTOPSY RMED? NO 📝
CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL		CE OF INJURY (Home, farm, 20f. (City or tawn) (County)	(Stole)
MED	Hour o.m. While Not while p. m. 19 bt work of work	ory, area, orter orage, etc.)	
	21. I certify that I took charge of the remains described at	ive, held an Autapsy 🔲, Inspection 🔀, Inquiry 🔀, and fi	ind that
	death resulted fram: Natural couses 📆, Accident 🔲, S	icide [], Homicide [], Undetermined cause [].	
	A 1 1	DATE SI	CATED
	SIGNATURE Tokend or Britishant	M.D. CHIEF MEDICAL EXAMINER []	01100
	EXAMINER'S FLANK J. Broschant	ASSISTANT MEDICAL EXAMINER () DEPUTY MEDICAL EXAMINER (): 12-25-5	9
	SURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY CONTROL SPECIAL PROPERTY CONTROL SPECI)
-	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	Le Meth. Cem. Laytons ville, Md. 240. REC'D. BY. REGISERAR 24b. REGISTRAR'S SIGNATURE	
	Roy Wo Barber Laytonsv Ile.	DEU 3 59 C Thur P #	

VS. A15ME(5) 5M 9/55





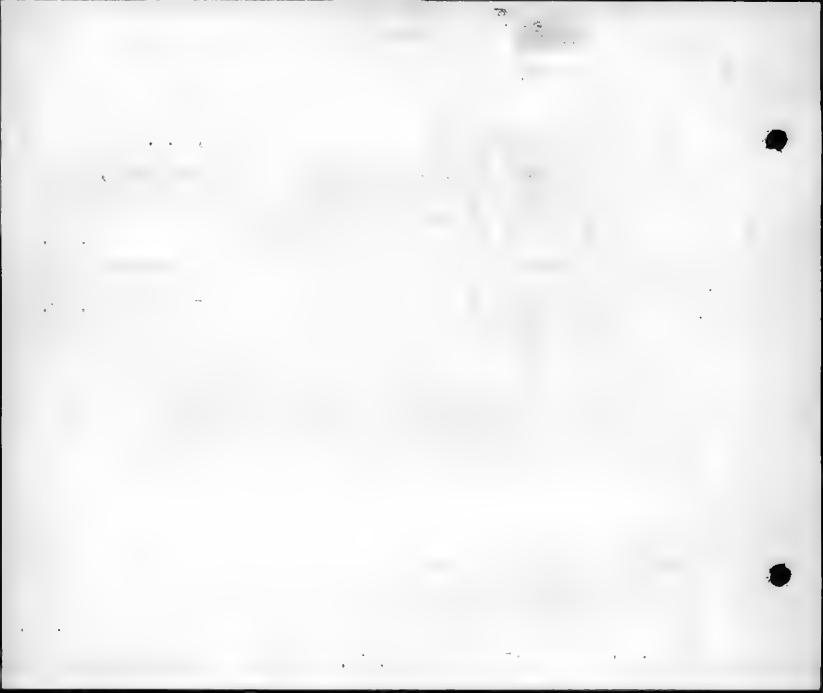
	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	1305 CAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No. 1380
	1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside conforcie limits, write NURAL or LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Gaither trung - R-2 25 days X Gaither trung R-2
×	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS (e. IS RESIDEN ON A FAR YES NO
	3. NAME OF ORCEASED (Type or print) (1) The Regulater Beel of DEATH TO 25 1933
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE IN your IFUNDER 1YEAR IF UNDER 24.1
	wall colone WIDOWED DIVORCED Nov, 24, 1959 Cost birthdoys yes. Months Days Hours Min.
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (State or foreign country)
	13. FATHER'S NAME CLATCHER'S MAIDEN NAME Many Non L
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Ves. no. or unknown) III yes, give wer or doiles of service) WAS A BARRY BA
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CLARLY LA
	475x DUETO TILLED
	Conditions, if any, which gove rise to immediate course (b) White Restaurations surface the course (b) White the course of the c
	(a), stoling the underlying (c)
: 1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED. YES NO
	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH.
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State of work p. m. 19 of work of wo
	21. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry X, and find
	death resulted fram: Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined cause [].
2	TATE SIGNED
- Angline Contra	SIGNATURE M.D. CHIEF MEDICAL EXAMINER
	EXAMINER'S FRANK J. Broschart DEPUTY MEDICAL EXAMINER DX: 12-25-59
	226. BURIAL CREMATION. 12/27/59 Emory Grove. 22d LOCATION (City, town, or county) Emory Grove. 22d LOCATION (City, town, or county) Emory Grove.
•	23. FUNERAL DIRECTOR'S AGNATURE ADDRESS ROOKVILLO Md. 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	DATE OF 159 Outland throat



age 4	ector,
5 TO MOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs after death. Page 4 may be retained by the haspital or ottending physician.	TO FUNERAL EXPECTOR: After this certificate has been signed by the attending physicion and completely filled in Ten II funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove corbon papers. Inages 1 and II hould be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours offer death.
after d	Fun No Id
haurs	and T
thin 24	ly filled loges 1
uted w	mplete pers. I
e exect	ond co bon pa er death
ficate b	ysicion ove cor ours off
th certil	Jing ph se rem n 72 ho
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require	n signe sit per and in c
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IAN: T	ificate the bu , or rer
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O HOSPITAL OF ATTENDING PHYSICIAN: The law rec may be reld by the haspital or ottending physician.	O FUNERAL LONGCTOR: After this certificate has been signed by the attending physicion ond com page 3 shauld be detached far use as the burial-transit permit. Then pleose remove corbon page the registrar prior to burial, cremotian, or remavol, and in any event within 72 hours ofter death.
5 =	2 ==

VS A15 (4) 15M 9/5B

	19054	CERTIFICA	IE OF DEATH	Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceo o. STATE DC	sed lived. If institution: Residence before admission) b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor Washington	porate limits, write RURAL and give nearest town) 47×-2
di di	d NAME OF HOSPITAL (IF panis hospital, give stree OR INSTITUTION 517 Albany Oak Haven Rest Home	AVERHE	d. STREET ADDRESS 1920 Park R	Oad, N.W. IS RESIDENCE ON A FARM?
	3. NAME OF DECEASED (Type or print) Mary	Middle Frances	Bode Jean	December 2 FO
	Passa la salada a		DATE OF BIRTH 11/9/1866	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR Grant Gr
	10a USUAL OCCUPATION (Give kind of work done 10 during most of warking life, even if retired) Housewife	b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stole or foreign	(2. CITIZEN OF WHAT COUNTRY U.S.A.
1	13. FATHER'S NAME John Kaltenbach		14. MOTHER'S MAIDEN NAME Wilhelmeni	a Hockenheimer
	13: WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		ormant & Haven Rest H	ome-51 deny Avenue Takoma Park, Md.
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year Hour o. m. Whi	PREMIMENTARY PREMIMENTARY CONTRIBUTING TO DEATH BUT NO SCRIBE HOW INJURY OCCURRED. INJURY OCCURRED INJURY OCCURRED ON WORK OF WORK OF WORK Jazy	CENTER TO THE TERMINAL DISE. (Enter noture of injury in Port I or Porty, street, office bidg., etc.) 1952, to Duc 30 occurred at 5.2 A.M., from ADDRESS 143014873.	ASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS' PERFORMED? YES NO 12 NO
	220. BJRIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR C		ATION (City, town, or county) (Stote)
	burial Specify 12/5/59 23 FUNERAL DIRECTOR'S SIGNATURE The S. H. Hines Co2	Fort Lincoln 901 11th St. ashington 9.0	240 REC'D BY REG	



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		1.5
the funeral director of 2 should be filed with	1. PLACE OF DEATH O. COUNTY b. CITY OR TOWN (IF BURAL and give nea d. NAME OF HOSPITA OB/INSTITUTION	C 70.
es 1 and	3. NAME OF DECEASED (Type or print)	OHI
oletely fille rs. Pages	5. SEX MALE	6. COLOR
nd cample on papers. death	10a. USUAL OCCUPATION during most of working Most of Warking	N (Give kin ng life, eve
physician and campletely filled in symbole garbon papers. Pages 1 and haurs after death		1 1
2 X -	(Yes, no provintnown) (II	yes, grve wo

CERTIFICATE OF DEATH

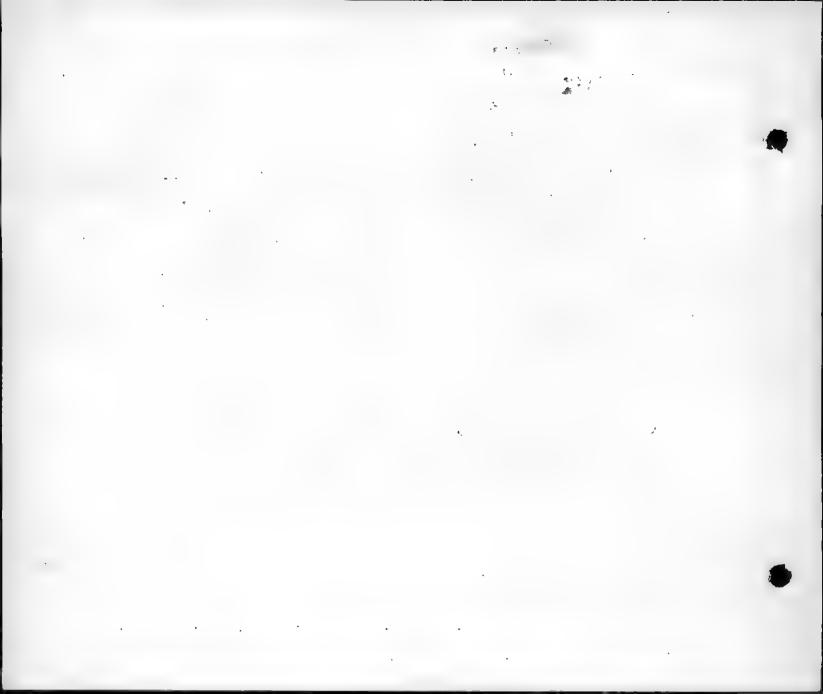
Pan Dist No.

	neg. Di	31. 140.
1. PLACE OF DEATH O. COUNTY MON' TOCMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residen a. STATE b. COUNTY 6/6 7	ce before admission) Ro No. C. C. C.
b. CITY OR TOWN (If autside corporate limits, write BURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OF INSTITUTION FENSING TON GARDENS	502 DOMER AUE	e, is residence on a farm? YES \(\begin{array}{c}\) NO \(\begin{array}{c}\)
3 NAME OF DECEASED (Type or print) JOHN FIRST Middle	BOETTONE DEATH LIL	Day Year / 4 19 5 9
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 2-14-72 9. AGE (In years last birthday) 7. Months 9. AGE (In years Funder Months Mont	YEAR IF UNDER 24 HRS Days Haurs Min.
10d. USUAL OCCUPATION (Give kind of work danc 10b. KIND OF BUSINESS OR INDU during most of working life, even if refried) MUSICIAN RS MARINE BAND RE-		ZEN OF WHAT COUNTRY?
13. FATHER'S NAME Lacking Boestcher	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (18 yes, give wor or doles of service)	Kleed & Oftennes 502 h	gruen Chie
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a).	cclusion.	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which) (b) Coronary Coronary	terroscleroses	?
gove rise to immediate cause (a), stating the under-lying cause last (c)	arterioscleroció	7
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PAR	1 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED, (Enter nature of injury in Port I at Part II of item 18.)	
	LACE OF INJURY (Hame, form, clory, street, office bldg., etc.)	County) (State)
21. I certify that I attended the deceased from form. alive an December 9, 1957, and that death	n accurred at (23104M, from the causes and an the	
SIGNATURE Walter K. Augerie,	ADDRESS (Street, city or town, state) M.D. 6300-13 by St, Mu, Washell,	DATE SIGNED
PHYSICIAN'S NAME (Type)		
220 BUR AL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF COMMON ALL (Specify) 12 16.59 120 AME OF CEMETERY OF COMMON ALL (Specify) 12 16.59 120 AME OF CEMETERY OF COMMON ALL (Specify) 12 16.59 120 AME OF CEMETERY OF COMMON ALL (Specify) 12 16.59 120 AME OF CEMETERY OF COMMON ALL (Specify) 12 16.59 120 AME OF CEMETERY OF COMMON ALL (Specify) 12 16.59 120 AME OF CEMETERY OF CEMETER	OR CREMATORY 22d LOCATION (City, town, or county) Hell Com Washing Lit	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS/ Decl Fune at Home 48/2 GC.	Car New Date DEC 1 6 '59 Calling &	

O HOSPITIES ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 have may be retained by the haspital or attending physician.

O FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please registor prior to burial, crematian, ar remayal, and in any event within 7 hours after death may be ref TO HOSPITAL VS A1S (4) 1SM 9/SB

ofter death. Page 4



that the death certificate be executed within 24



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Robert A. Pumphrey, Bethesda, Maryland

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13877 CERT	IIICAIL OI DLAIII	Reg. Dist. No.
o. COUNTY Montgomery MAR	YLAND 2. USUAL RESIDENCE (Where dece	b COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Chevy Chase		arporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) 7205-46th. Street	d STREET ADDRESS /7205-46th. S	treet s residence ON A FARMS YES NO []
NAME OF DECEASED (Type or print) Harry SIMOV	ds Boteler Jr DE	77 10 70
6. COLOR OR RACE 7. MARRIED NEVER MARR Male White WIDOWED DIVORC	- 10 15 05	9. AGE (In years IF JNDER 1 YEAR 1F UNDER 24 HRS Gast birthday) Mouths Bpy Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Attorney Self-Emple	yed Washington,	D. C. 12.CITIZEN OF WHAT COUNTRY?
Harry S. Boteler, Sr.	Amelia Hess	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give wor or dates of service) 578-01-22		r- Item #2 - Wife
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	rdial Infar y Artery Sel	ONSET AND DEATH SMOS, CHOM SMOS PROJIS TURE ONSET AND DEATH SMOS TO JIE PROJIS PERPORMED? YES NO
	OCCURRED. (Enter nature of injury in Part 1 or	Part II af item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while at wark at wark at wark	20e. PLACE OF INJURY (Hame, farm, 20f factory, street, affice bldg., etc.)	(City ar tawn) (County) (State)
21. I certify that I oftended the deceased from a police on Dec 2 + 195%, and the signature Physician's Robert B, Have	1958 to 10c t death occurred at 30AM, fro ADDRES	2. 7. 195 Phat I last saw the deceased on the couses and on the date stated above. S (Street, city or town, state) Chraska Are D. 12/37/5
PENOVAL (Specify)		OCATION (City, town, or county) (State)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY RE	

24a. REC'D BY REGISTRAR

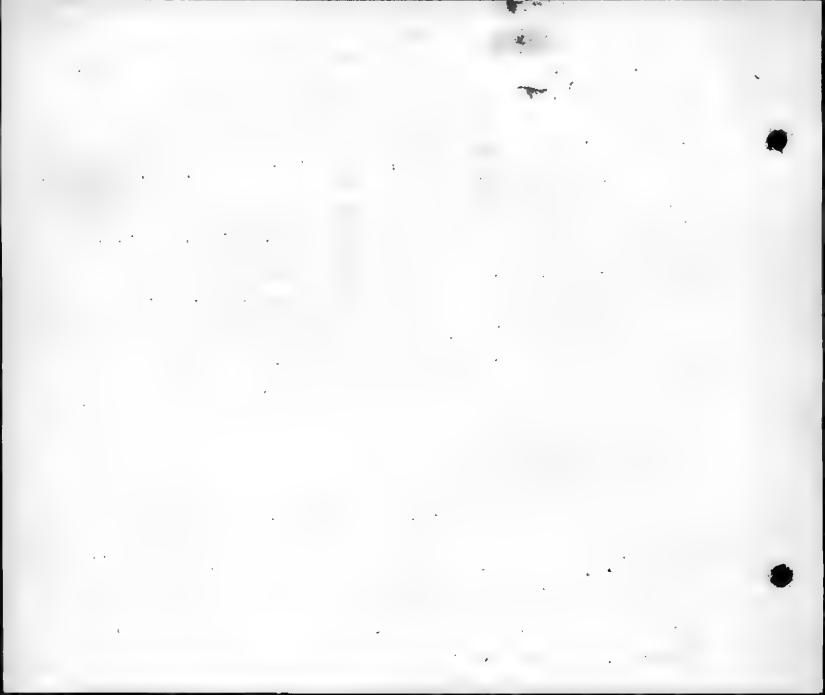
DATEDEC 3 0 '59

arthur S. Krans

may be retailed by the hospital ar attending physician.

D FUNERAL DIMICTOR: After this certificate has been signed by the attending physician and completely filled invage 3 should be detached far use as the burior-transit permit. Then please remaye carbon papers. Pages 1 and the registrar priar to burial, crematian, or remayal, and in any event within 72 haurs after, death. may be ref

VS A15 (4) 15M 9/5B



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after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13872

CERTIFICATE OF DEATH

13809

		Reg. Dist. No.				
1.	PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY				
ļ	1 1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	// Tifting Montgomery				
ш	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OE STAY IN 16 RURAL and give nearest town)	c. CITY O'R TOWN (If outside corporate limits, write RURAL and give nearest town)				
	13 th 12 1 6 1 1 2 2	X FRENCOZI'ILLE				
-	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS IS RESIDENCE				
	OR INSTITUTION	ON A FARM?				
	QUDILIBAN MUSFE	BUSEN NOCELL YES NO				
3.	NAME OF DECEASED First Middle	Last 4. DATE Month Day Year				
	(Type or print) (1) A 'Gim	NI FA DEATH 12 15 1957				
5	SEX . 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
ľ	La I	lost birthdoy) Months Doys Hours Min.				
1	MIDOWED DIVORCED	dept 29, 1902 E, 7 yrs.				
119	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	LISTERION Then Markens Lale	o. Morusland U. J. A				
13	FATHER'S NAME	14. MOTHER'S MAJOEN NAME				
	11.11.0 10 13. 10	Bacta.				
-	11/hliam berse would	L CSIEN				
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IF (If yet, give wer or dates of service)	NFORMANT Address				
	110 - 1955 + 1/10	show I die out her DISUSA ZUM				
	18 CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c)	INTERVAL BETWEEN				
i	PART I. DEATH WAS CAUSED BY	ONSET AND DEATH				
ı	IMMEDIATE CAUSE (o)	rem june, wess				
ı	42/1 DUE TO C . 1 . 1 0					
	Conditions, if ony, which) (b) Myraudial Insufficiency weeks					
	gove rise to immediate DUE TO					
	being cours last	mulliernes Hubran				
7		The state of the s				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?				
		YES X NO				
CERTIF	20d. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port I or Port II of item 18.)				
S. S.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 29e. PLA	ACE OF INJURY (Home, form, 120f. (City or town) (County) (State)				
MEDICAL	Hour o. m. While Not while foc	ctory, street, office bldg., etc.)				
1	p. m 19 of work of work					
	21. I certify that I attended the deceased from	15, 1959, ta 11-15, 195 That I last saw the deceased				
		accurred at 1.2. M. fram the causes and an the date stated above.				
	dire dil indi dedin	ADDRESS (Street, city, or town, state) DATE SIGNED				
	ACTUAL PO (15 18 Divini, sold				
	SIGNATURE	M.D D_ 1 7 Levie com /5/12 /6				
	PHYSICIANS	-ty-tys "The!				
	NAME (Type)					
22	BUR AL CREMATION, 226. DATE TO PER 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, fown, or county) (State)				
	REMOTAL Edecify) 12/17/59 Ebnezer Chi					
22	FUNERAL DIRECTOR'S SIGNATURE ADDRESS					
4.1	ADDRESS SIGNATURE	240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE				
L	Joseph L. Menyle. Necked	My DATE DEC 21 159 Criting & Kraus				

shavid ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay may be retuing the haspital ar attending physician.

D. FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and the magistrar prior to burial, memation, ar remayal, and in amy movent within 72-hours, after death.

TO HOSPITAL may be reto TO FUNERAL E

VS A15 (4) 15M 9/58



13872 **CERTIFICATE OF DEATH** Rea. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MONTGOMERY Filed o. COUNTY MARYLAND MARYLAND MONTGOMERY funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) shauld 49 DAYS GERMANTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) / d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3 RFD #2 Box #5 MONTGOMERY COUNTY GENERAL HOSPITAL NAME OF 4. DATE Filled DECEASED OF DEATH (Type or print) CHARLES ALVIN BOYER DECEMBER 6. COLOR OR RACE 7. MARRIEDYTY NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH AGE (in years completely lost birthday) Months DIVORCED [WIDOWED | papers. 70 MALE WHITE 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ofter death during most of working life, even if retired) Farmer-Owner Farming puo USA carban MARYLAND 13. FATHER'S NAME requires that the death certificate be 14. MOTHER'S MAIDEN NAME physician Sarah remove 72 haurs WESTLY BOYER 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address othending No OLNEY, MARYLAND HOSPITAL RECORDS please within 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopice Unicopild IMMEDIATE CAUSE (o) 3,094 the Gastro- Intestinal Hemorrhage langles tasia linany Referration de permit. Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICAND CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINARDISEAGE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? has YES 🔲 NO 📆 🗶 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) certificate 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour o. m. Not while at work at work 21. I certify that I attended the deceased from QC. t. 15, 1957. Athat I last saw the deceased and that death accurred at 11:30 M from the causes and on the date stated above. CTOR ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S TO FUNERAL GAITHERSBURG, MARYLAND NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page Darnestown Darnestown, Maryland 23. FUNERAL DIRECTOR'S STORT FUNERAL HOM Tyson Wheeler Funeral Hom 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE **ADDRESS** Home-1331 VS A15 (4) arthur S. France DATE DEG 7

15M 9/SB

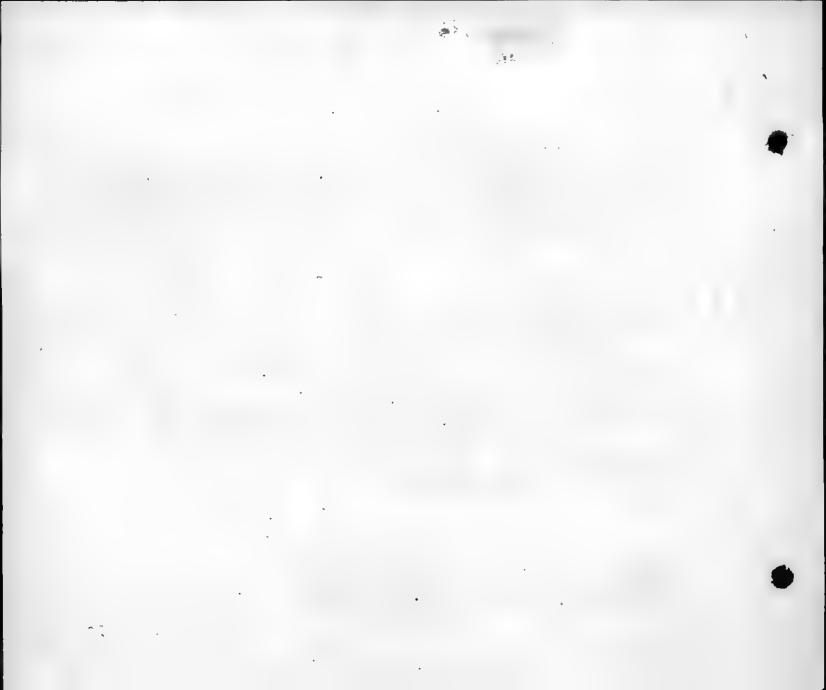
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Year

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VS A15 [4] 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

13811 Reg. Dist. No.

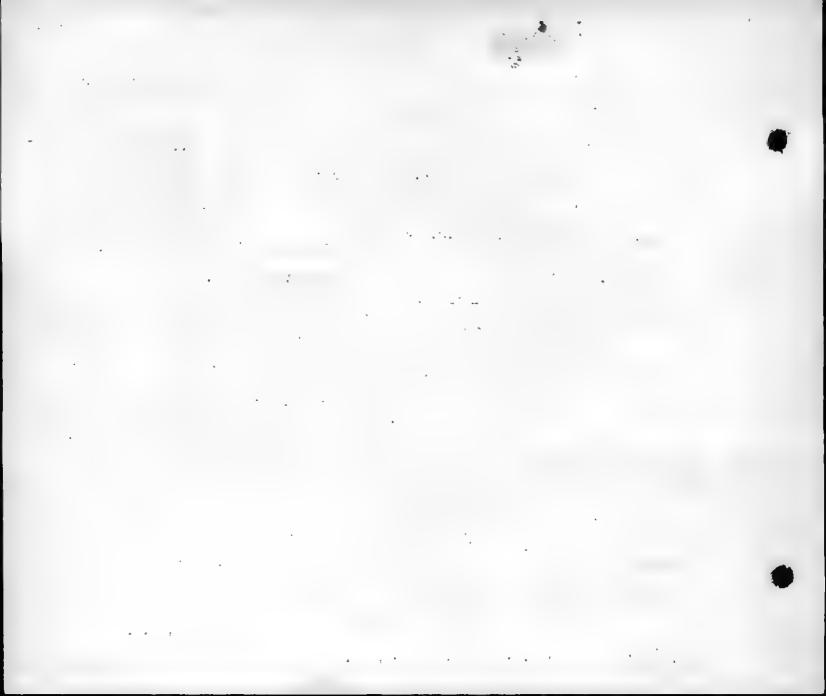
	13820	CERTIFIC	ATE OF DEATH	4	R	eg. Dist. No.	Teori
1.	PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (WI	(1	COUNTY		
_	Montgomera		111 41 41 4	nc	//	heara. r	
	b. CITY OR TOWN (If outside obsporate limits, wifte RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporote lir	nils, write KUKA	AL ond give near	est town), /
	d NAME OF HOSPITAL (If not in hospitol, give street	oddress)	/ d. STREET ADDRESS	SPEIN	. 9	-	IS RESIDENCE
١,	OR INSTITUTION Sanitarium	11. adala	1812 Pour	ider M		- 1	ON A FARM? YES NO
	NAME OF DECEASED Harold	Lee	Br1995, S	4. DATE OF DEATH	Month 12	- 17	Yeor 19 <i>5</i> 9
5, 3	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AG			F UNDER 24 HRS
	male white widows	D DIVORCED	3-12-07		2 yrs.	onths Days	Hours Min.
10a Re	LISUAL OCCUPATION (Give kind of work done 10b.	1 11 .	1	or foreign country)		12.CITIZEN OF V	WHAT COUNTRYS
13.	FATHER'S NAME	Cu Commiss.	14. MOTHER'S MAIDEN	JAME		4.3	4.
2	Other B. Briggs		Florence	Me 1	milla	n	
15. (Yes	WAS DECEASED EVER IN U. S. ARMED OF CES? 16 10. or unknown) (If yes give wor or doles of service)	SOCIAL SECURITY NO.	Mrs. Ann	A Brigge	Address		
Ĺ	none	none	1812 Po	wder Mill	Road	Silver !	Spring M
	18. CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c).] e	10	1		INTER	VAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	WACK Wial	Intarction	·~		ONSE	I AND DEATH
	420./ DUE TO		D				11 - 7)
	Conditions, if any, which)	ronam 1	laramboso	6			1/ Range
	gove rise to immediate couse (o), stating the under-lying couse lost.						7
Z	PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN	IN PART 1/61 10	WAS AUTOPSY
CATIO	TARIN O PROMOTOR TO CONTROL OF CO		T WOT RECATED TO THE TERM	INAL DISEASE CON	DITION GIVEN		PERFORMED?
L CERT FICATION	20g. ACCIDENT WAS UNDERLYING [] 20b. DESC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Port II of	item 18 j		
MEDICAL	20c TIME OF INJURY Month, Doy Year 20d in Hour o.m., While of work	Not while fo	LACE OF INJURY (Home, farm actory, street, office bldg., etc	20f. (City or to	vn)	(County)	(Stote)
	21. I certify that I attended the decease	ed from July	15 1956, to De	ca 17	1909, the	at I last saw	the deceased
	alive and ac 16 195		accurred at 2:20A		/		
		D : (ADDRESS (Street, c			DATE SIGNES
	ACTUAL SIGNATURE & DWGS Mr. CU	setteren his	No. 7701	Carro	The	- 12	-1259
	PHYSICIAN'S JAMES M. WHITLOCK	1913	Tolkow	Parkir	March	and	/
220	BUR AL CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, town, or c	ounty)	(Stote)
В	URIAL (Specify) 12/20/59	Geo. Wash. M				unty, Mo	
23,	FUNERA DIRECTOR'S SIGNATURE ARNER E PUMPHREY INC.	ADDRESS	24a. REC'	D BY REGISTRAR		AR'S SIGNATURE	
1	PAINER E. PUMPHREY INC.	SILVER SPRIN	C MD	EC 21 '59	Q.II	10 8 H	4



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O MOSPILA	may be ret	NERAL	poge 3 shauld	he registrar
5	may	TO FUNERA	bod	ther
/S 5/	A1 vL 5	15 (9/5	4) B	

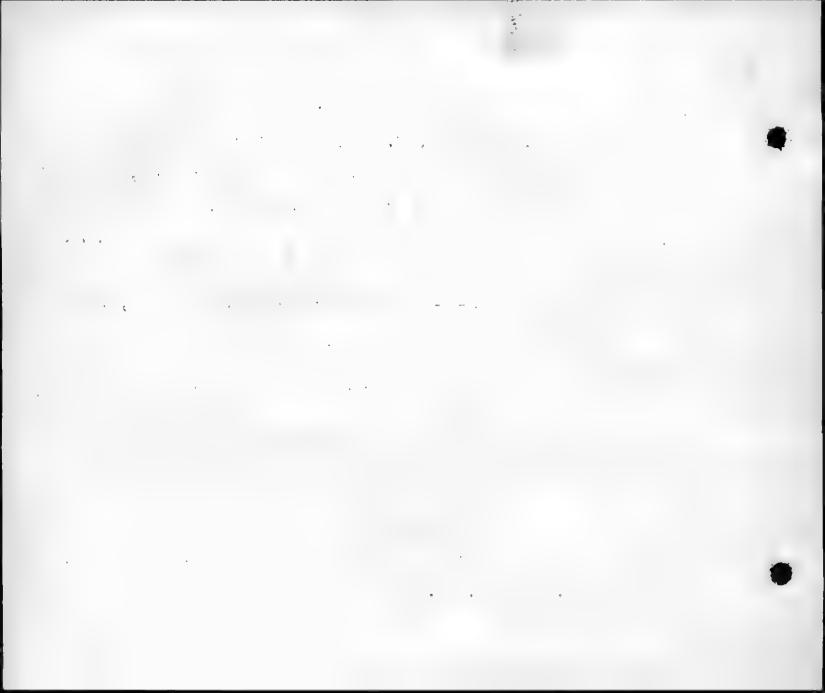
13874	CERTIFIC	ATE OF DE	ATH		Reg. Dist. No	· Toox
1. PLACE OF DEATH o. COUNTY Montgomery	MATCHS.	a. STATE	ce (Where decease	d lived. If institution b. COUNTY		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda	LENGTH OF STAY IN 16		N (If outside corporation	prote limits, write R	URAL and give ne	arest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Suburban		d. STREET ADD	RESS	d Ave.		B. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First DECEASED (Type or print) Bessie	Middle June	Brooke	4. DATE OF DEATH	Man 1		Year 17 19 59
5 SEX 6 COLOR OR RACE 7. MARR Female White WIDOWE	D DIVORCED	6/29/86	6	9. AGE (In years lost birthday) 73 yrs.	Months Doys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) NOCESTITE Clerk (retire) 13. FATHER'S NAME	kind of Business or Indu		ska Nehr	country)	12.CITIZEN O	F WHAT COUNTRY?
TSBBC No. G ibbs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wer or dates of service) 57.	SOCIAL SECURITY NO.	INFORMANT		M. Parke	ress	
IB. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: ** MMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under-	e forto (b), and (c).] Perebera Perebera	Son (John Lang)	exclion	e) Item#2	INT	BDAYS
OR CONTRIBUTING CAUSE OF DEATH	CONTRIBUTING TO DEATH BUT THE AND THE AND THE RIBE HOW INJURY OCCURRENT	l's		SE CONDITION GIV	/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. 19 While of work	Not while fo	LACE OF INJURY (Honoctory, street, office blo	ne, form, 20f. (Cit dg., etc.)	y or town)	(County)	(Stole)
21. I certify that trattended the deceased fram 1957, to 1957, to 1957, that I last saw the alive an 1967, and that death accurred at 9 M. M. fram the causes and an the date stall ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE M.D. 10620 Horgin and Like Horse						
PHYSICIAN'S NAME (Type) M ichael R. Dobr 220. BURIAL CREMATION. 226 DATE THEREOF	·		201 105	TION ICA		
BURIAL (Specify) 12/19/59	CONGRESSIONAL	L CEMETERY	Was	hington.	D.C.	(Stote)
23 FUNERAL DIRECTOR'S SIGNATURE WARNER E. PUMPHREY, INC.	ADDRESS SILVER SPRING	MD	O. REC'D BY REGIS		STRAR'S SIGNATU	

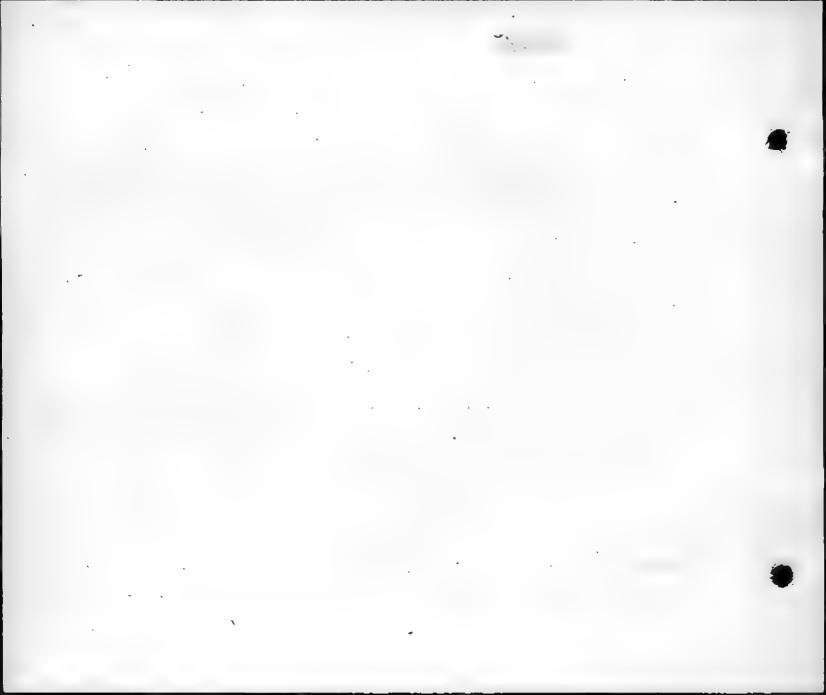


	13875 CERTIFICATE OF DEATH											leg. Dist.	g. Dist. No.				
	PLACE OF DEATH o. COUNTY Montgomery				MAR	YLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residue. STATE Virginia b. COUNTY Ale:						Residence 1exa)	dence before admission)			
		b. CITY OR TOWN (If	c. LENGTH OF STA	Y IN 1b	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)												
		RURAL ond give ned Bethesda	7 days	Alexandria 83x-						6 - 4	el .						
	d. NAME OF HOSPITAL (If not in hospital, give street add								d. STREET ADDRESS						IS RESID	ENCE	
")	The Clinical Center, Bethesda 14, Md.						219 East Belleforte Street								ON A FA		
	3. NAME OF First Middle						Lasi 4. DATE Month							Day	Yeo		
		DECEASED (Type or print)	Bas		Henr	-	P	Buchanan	OF DEATH		no. 9		6-	Duy		59	
	<u> </u>				RRIED NEVER MARK	N .	_	ATE OF BIRTH	_1		9. AGE (In yeo			YEAR IF			
				4				igust 28,	1.01		Jost Diringoy	7 N	tanths D	oys I	laurs	Min.	
		Male	_White								1.00	rs.	10 017176	NI OC 14	ULITCOL	LIN (TOW)	
	liva	10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)			KIND OF BOZINEZZ OK INDUZ			SIKT III BIKI HPLACE (Stote or foreign country)					12. CITIZEN OF WHAT COUNTRY			UNIKT	
	L	Taxi Cab Driver			Transportation			virginia Virginia					U.S.A.				
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME EWrie Angle													
		Alex Buch	anan														
I	15	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT The Medical Record Address										3					
	\mathcal{F}	no	, yes, give war or some or a	,	233-07-662	4 Tr	ıe	Clinical	Ce	nter,	Bethes	da	14,	Mary	land	1	
_		1B. CAUSE OF DEAT	CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]												INTERVAL BETWEEN		
		PART I. DEATH WAS CAUSED BY:												onset and death minutes			
														4144	TILTIC	<u> </u>	
		Coloidia acubic dilabation												5-10 years			
		Que lise to immediate													0 0 0		
		couse (o), stoting the under DUE TO Coronary arteriosclerosis and generalized												5-1	0 ye	ears	
	7		lying cause lost.) (c) arteriosclerosis Part II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BJT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART.														
4	힏	PART II. OTHE								AL DISEASE	CONDITION) IVEN	IN PARI		PERFORM	AED?	
ó	ğ	Chronic cholecystitis and cholelithiasis												Y	ES 🔼 1	ио 🗌	
	PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPPERFORMED? Chronic cholecystitis and cholelithiasis 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUT OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPPERFORMED? YES [] NO [
		(IF EITHER, NOTIFY A	MEDICAL EXAMINER)			_											
	MEDICAL	20c TIME OF INJURY	Month, Day, Ye		INJURY OCCURRED			OF INJURY (Home, f , street, affice bidg.,			or town)		(Co	unty)		(Stote)	
	WEC	p. m.	19	While at wi	e Not while			, street, since steg.,	en y								
21. I certify that I attended the deceased from November 29, 1959, to December 6, 195													at I last		ha dae		
		alive an Decle	alive an December 6 , 19 59 , and that death accurred at 7:20 M, from the causes an											date s		abave SI GN EC	
		ADDRESS (Street, city or town, stote)															
1		ACUAL SIGNATURE NA. The Clinical Center 12/6/59 National Institutes of Health														27	
1		PHYSICIAN'S	ohn T. Pot	t.g.	Tr. M.D.								Heart	EI.			
	<u></u>										laryland						
	220	BURIAL, CREMATION REMOVAL (Specify)		OF SCO	22c. NAME OF CEA	METERY OF	R CR	EMATORY -	2	- Contract	TON (City, town	1, OF	county)	11	(Stote)		
		REMOVAL	12/7/5	7	1	4					EGER,	U	VEST,	119	*		
	23.	FUNERAL DIRECTOR'S	SIGNATURE	ters	ADDRESS ADDRESS	ALE.	xA	NORIA 240. R	EC'D	BY REGIST			AR'S SIGN	0 -			
	(-UNWING	HAM FUN	ERA	· Home		V	DATE	UE	0 0 0	59 (أيأزاو قرد	luin L.	rismud			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DARCTOR: After this certificate has been signed by the attending physician and completely filled in a negative for use as the burial-transit permit. Then please remove carbon pages? Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. may be reta VII A15 (4) 15M 9/58





VS A15 (4) 15M 9/58

		MAKILAN	ID STATE DEPARTA	MENT OF HEALT	1-BALIIM	UKE, 18	
		19830	CERTIFIC	ATE OF DEATI	Н	Reg. Di	at. No. 13815
1	PLACE OF DEATH			2 USUAL RESIDENCE (WI	here deceased lived	If institution, Residen	ce before admission)
	o. COUNTY		MARYLAND	o. STATE		. COUNTY	
_	Montgon	nery		11/0+	4 1020	17/7	nTgomery
	b. CITY OR TOTYON (If a RURAL and aive near	utside conforote limits, wri	te c LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	durside corporate lin	gits, write RURAL ond	give nearest town)
	Takoma	Park	Holaus	51 Silver	Sprin		V
-	d. NAME OF HOSPITAL	(If not in hospital, give str	eet address)	d. STREET ADDRESS	4 . 1 .	7	e. IS RESIDENCE
_	OR INSTITUTION	0.		10110	10 '	0	ON A FARM?
_	Was hing to	1 Janirarium	A Hospiral	10112	Merca	Drive	YES NO NO
3.	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year
	(Type or print)	John	- 15-coh	Compbell	DEATH	Dec.	15 195-9
5,	SEX 6	. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AG		1 YEAR IF UNDER 24 HRS.
	Mala	n. 1	OWED DIVORCED	10-18-	C 1 lost	birthdoy) Months	Days Hours Min.
10.	THAT OF SUPETION	WAIT	<u> </u>	1	82	77 yrs	
100	during most of working	life, even if retired)	OF BUSINESS OR IND		or foreign country)	12.011	ZEN OF WHAT COUNTRY?
_	ReTIF	69	Plate Print	er District	05 C	cum bice	150
3.	FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME		
	Fohn	Campbel		cather	rine d	lan ou	
15.	WAS DECEASED EVER II	N U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFORMANT	1116	Address	
{Y	number unknown) (If)	res, give wor or dates of service)		}		1	
_	No			Dld Record	Sin	HOSPITAL	<u> </u>
	18. CAUSE OF DEATH	[Enter only one couse pe	ir line for (o), (b), and (c).]	0		7	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH	WAS CAUSED 8Y:	Corma	res them.	hania		CHSEL AND DEATH
	420.1	DUE TO	_ CO What	1 War	7-10-10-10-		
	7						
	Conditions, if any, gove rise to imm			/			
	couse (a), stating the						
	lying cause lost.	(c)					
Z	PART II OTHER	SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BL	JT NOT RELATED TO THE TERM	INALD SEASE CON	DITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY
¥							PERFORMED? YES NO
FIG	200 ACCIDENT WAS I	INDERIVING TO 206 I	DESCRIBE HOW INJURY OCCURR	ED (Enter nature of Injury to	Part I or Part II of	item 18 3	1 113 1140 11
ERT	OR CONTRIBUTING	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUR	ED. (Enter noture or injury in	ron / or ron ii or	nem re-j	
2	(IF EITHER, NOTIFY ME	DICAL EXAMINER)					
Š	20c. TIME OF INJURY			LACE OF INJURY (Home, farm octory, street, office bldg., etc.	n, 20f. (City or tov	vn) (6	County) (Stote)
MEDI	Hour o.m.		work at work	ociory, moet, ottoe biog., sic	"' i		
<	F			11 20 50 . 0			
	1.		eased fram Dec.				ist saw the deceased
	alive on	C:14, 1	2.59_, and that deat				
	0	1 11 11	0		ADDRESS (Street, c	ity or town, stote)	DATE SIGNED
	ACTUAL SIGNATURE	t. Macken	dead	M.D. 10111	Celesvil	le Rd.	
	3.0						
	PHYSICIAN'S A	F. Thibade	au	Silver	Spring,	Md.	
220	BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION (City, fown, or county)	(Stote)
	REMOVAL (Specify)	12/17/59	Mt. Olive	t Cemetery	Washir	ngton, D.	G.
23.	FUNERAL DIRECTOR'S S	IGNATURE	ADDRESS	240. REC'	D BY REGISTRAR	24b. REGISTRAR'S SI	GNATURE
6	The (')	7/1:0-11-	9901-11140	10.0			
1	1160118	HINGE CO.	Teshing this	D, C DATE	DEC 1.7 159	() etam	d. Tiralla
						, ,	T T N N T N T N T N T N T N T N T N T



1 Y		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 12 FilmG254 1-4-60 et
7 05 /		13837 CERTIFICATE OF DEATH Reg. Dist. No. 13816
I director	1.	PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE D. COUNTY D. COUNTY
the sa		b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town)
ther de hould	-	d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE
× × ×		OR INSTITUTION 7516 CARROLL AVENUE / 7516 CARROLL AVE. ON A FARMY
illed in		NAME OF DECEASED NARY Niddle Lost 4. DATE Month Doy Year OF DEATH DEC. 26, 1959.
d within	5.	
d comp n poper	10a	USUA OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY TO BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY FOUSE WIFE U.S.A.
ion and corban affects	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
ertifica physic remave 2 haurs		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address TAKOMA FOR
eath c ending lease lhin 7	\vdash	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN
the de one ple ant will		PART I. DEATH WAS CAUSED BY: A Cute Congostive Heart Falcere 12 Hrs.
that by th it. Til		Conditions, if any, which) (b)
quires igned perm d in ar		gave rise to immediate couse (a), stating the under-
shysicion is been is bl-transil aval, and	CATION	PAST II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
AN: The inding p icate ho icate ho he burio	CERTIFIC	YES NO ☐ 20a ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICI of a attentis certification as a structure of the	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m. y Mile Not while of work at work
Spite 18		21. I certify that I attended the deceased from April 1946, to 26 Dec 1959, that I last sow the decease
TEND The h The h Stacke Duric		olive an 26 11-00, 19 39, and that deoth occurred at 10 39 M, from the causes and an the date stated above
R AT		ACTUAL SIGNE M.D. 7112 Wellows Are 26 DRC
reto RAL shoul		PHYSICIAN'S M. B. QUEEN TORONO PARK Md 1959.
HOSPIT HOY be TONER, Proge 3 st the regist	220 E	BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, of couply) (State) PERMOVAL (Specify) DEC. 1959 FT- LINCOLN CEMETERY BLADENS 8406 M. REEC. Co., Md
VS A15 (4)	23.	ADDRESS ADD
15M 10/57	1/	DO DE ARROLL JONALL DATE DELLE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 13877 Rea. Dist. No. il directar, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY p. STATE b. COUNTY MARYLAND Montgomery Marvland Montgomerv b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) RURAL and give nearest tawn) Berries Chevy Chase XBOUNDAMON Chevy Chase 10 Years d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION 4710 Hunt Ave. YES NO IX 4710 Hunt Ave. NAME OF First 4. DATE Middle Month Year Day DECEASED CLARK Ε. CARRIER DEATH 27 (Type or print) Dec. 59 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years lost burthdoy) Months Days Hours 1903 White 3. Male WIDOWED | DIVORCED | Aug. yrs papers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fareign country) 12. CITIZEN OF WHAT COUNTRY? Salesman U.S.A. Stohlman Chev. Penna. pon 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME offer Sar Pearl Kunselman Albert Carrier mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Oma Carrier - Item #2 - Wife 578-05-631 NO INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: 420,0 **DUE TO** Conditions, if ony, which gove rise to immediate DUF TO couse (a), stating the underlying cause tost. **burial-transit** VERS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT YES NO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) Year 20d. INJURY OCCURRED (Caunty) foctory, street, office bldg., etc.) Hour o.m. While Nat while 19 at work at work That I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred M, from the causes and an the date stated above. alive an ADDRESS (Street, city ar town, stote) DATE SIGNED det ACTUAL Conn. Ave., N.W. pe prior SIGNATURE 3 shauld 2-28-59 Washington, D. C. WILLIAM P. ARGY NAME (Type)

22c NAME OF CEMETERY OR CREMATORY

Parklawn Cemetery

22d LOCATION (City town, or county)

24a, REC'D BY REGISTRAR

DATE DEC 3 0 '59

Rockville, Maryland

24b, REGISTRAR'S SIGNATURE

anthon & thous

certificate P ò TO FUNERAL VS A15 (4) 15M 9/5B

220 BURIAL CREMATION,

BHOYAL (SPECIFY)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

2-30-59

Robert A. Pumphrey, Bethesda, Maryland

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5

physicio

aftending death

signed

peen

105

executed campl

pe

certificate



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13818 13878 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) COUNTY o. STATE MARYLAND CITY OR TOWN (If outside of RURAL and give negrest town) CITY OR JOWN Uf outside carporate limits, write RURAL and give neglest town) c. LENGTH OF STAY IN 15 corporate limits, write e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO 1 . 6 NAME OF Middle 4. DATE Lost Year Filled DECEASED (Type ar print) DEATH 195 ARIZD ECENAER IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 6. COLOR 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH lost birthdoy) Manths Days YENALE WIDOWED [DIVORCED [yrs. 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) AZVLAND and pou 13. FATHER'S NAME physician (Ö remove 5. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO HER attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (6) DUE TO Canditions, if ony, which gave rise to immediate DUE TO unature & regulation cause (a), stating the underlying cause last. WAS AUTOPSY PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART T(a) PERFORMED? 0 YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e. PLACE OF INJURY (Hame, form | 20f. (City or town) 20d INJURY OCCURRED (State) Day, Year (Caunty) factory, street, affice bldg., etc.) Hour o. m. While Nat while at wark 🔲 ot wark 19-17 that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 11 40 M, from the causes and an the date stated above. CTOR ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S 22d. LOCATION (City, fawn, or county) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY, (State) REMOVAL (Specify) 0 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE 12 15M 9/58



8 8		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No. 138	1
should by		2. PLACE OF DEATH o. COUNTY Martanery MARYLAND 2. USUAL RESIDENCE (Where decoased lived. If Institution, Residence before admission) o. STATE Mol b. COUNTY Montg	
Page o burial,		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond give pearest town) Like Therefore "Like "Like Theorem"	
Torior i	X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give state) address) R70, d. STREET ADDRESS P 1 NO	RM?
uneral vaeral yaur f		3. NAME OF DECEASED (Type or print) Ochan Paul Caulfield Death Use 28 195)	9
to the fined for		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED 7-22-1902 9. AGE In yours lost birthdoy! Months Days Hours Min.	
and 3 be retained 2 w		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY M.S. Q. 10. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY M.S. Q.	NTRY!
anders of 2, 2, 2, 3, 5 may		13. FATHER'S MAIDEN NAME LM S. Caulfiel Elia. Hutton	
	I)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT) Address Helin C. madine (daughte)	_
n PM3.		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:.	
Stern Stem fin form		MMEDIATE CAUSE (o) Commany Declusion Li 20.1 Due 70	
pencil in alang wit burial-tro		Conditions, if any, which gove rise to immediate cause (a), stoting the underlying couse lost.	
iding" is office used as a		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED. YES NO.	19
d 'per aminer id be		200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	
g the word edical Exam ge 3 shauld		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.) While Not while of work of work of work 19 of w	rie)
A: Po		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .	thot
cate, v		ACTUAL SIGNATURE THE STAND IN BROOKER M.D. CHIEF MEDICAL EXAMINER (0
ore the parward FUNERA		EXAMINER'S FLANK J. BRUSCHEN DEPUTY MEDICAL EXAMINER X 12-28-57	
forw forw or re		220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote), REMOVAL (Specify) 12-30-59 AL / Deal Description	
/S. A35ME(5) 5M 9/55		23. FUNERAL DIRECTOR'S SIGNATURE JACKET JACK	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
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		1200		CERT	IFICA	ATE OF DEA	MIH		Reg. Di	st. No.	
	LACE OF DEATH	TGOMERY	U	MAR	YLAND	2. USUAL RESIDENCE a. STATE	(Where deceo	sed lived. If institu b. COUNT		ice befar	e admission)
b	CITY OR TOWN (IF	outside corporate lim	its, write	c. LENGTH OF STAY	'IN 1b	c. CITY OR TOWN WASHING	•	parate limits, write	RURAL and	_	rest town)
d	1800 GR	ACE CHU C	H RD.	ldress)		d. STREET ADDRES	RDWAY	ST., N.			ON A FARM? YES NO NO
D	IAME OF ECEASED Type or print)	APTHUR	rsi	Middle W.		CHASE	4. DATE OF DEAT	_	5,	Day	Year 19 59
	ME.	6. COLOR OR RACE WHITE	WIDOWED			B DATE OF BIRTH 10/30/18'		9. AGE (In years last birthday) 86 yrs	Manths	1 YEAR Doys	Hours Min.
T	during most of work	N (Give kind of work no life even if retired	done 10b. Ki	ND OF BUSINESS O		COLORA.	DO	country)	12 CITI		WHAT COUNTRY?
RI	EV . DEMPS		HASE			14. MOTHER'S MAID	NOM N				
IS. V (Yes,	NO DECEASED EVER	IN U.S. ARMED FOR	RCES? 16, SC service)	NONE		INFORMANT TANHOPE CI		844 CHA	dress IN B	`IDG	E RD.
	PART I, DEAT	mediote (Cor	for (a), (b), and (c)	·) · · · · · · · · · · · · · · · · · ·	nterios	MCLE	AN, VA.		ONSE	RVAL BETWEEN ET AND DEATH
CER	20a ACCIDENT WAS	langeel 5 JNDERLYING [] [] CAUSE OF DEATH	- pro	istate		NOT RELATED TO THE T			IVEN IN PAR	T 1(a) 19	WAS AUTOPSY PERFORMED? YES NO EX
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Manth, Doy, Ye	ar 20d. INJ While at wark	URY OCCURRED Nat while ot wark	20e. PL fo	ACE OF INJURY (Hame, ctory, street, office bldg.	form, 20f. (C	ity or town)	{(County)	(State)
		2/5- PH)1/w E.H. M	arku	orl	death	0 , 1957, to a accurred at 10. M.D. 3208 3208 CEMMENTERY	P.M. from ADDRESS 174	(nd an the 1, state) Vez S h	e date c. SH . ,	stated above. DATE SIGNED
22 [Company of the American	SIGNATURE 1	i				REC'D BY REG	ISTRAR 24b. REG	SISTRAR'S SIGNALLING S.	GNATUR	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 13881 Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Marvland Montgomerv c. LENGTH OF STAY IN 16 8 days 6 hrs Bethesda d. STREET ADDRESS 7601 Chelton Road First Middle &Acoustle

Montgomery b. CITY OR TOWN (If outside carporate limits, write c CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) RURAL and give nearest town) Bethesda d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? YES NO T Suburban Hospital NAME OF 4. DATE DECEASED DEATH (Type or print) Vasilios Chebi thes 10 19 59 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7 MARRIED | NEVER MARRIED | B. DATE OF BIRTH lost birthday) Manths DIVORCED | WIDOWED T 65 Male White 10a. USUAL OCCUPATION (Give kind of wark dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Naturalized. U.S.A. Self employed Attorney Greece 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME Isadore Chebithes Unknown 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Md. Yes Julia Sapounakis, 4813 Bayard Blvd. 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH IFPSIBLE SHOCK + (OXEMIA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse last CATION YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Year 20d INJURY OCCURRED 20f. (City or town) (County) (State) Hour a.m. foctory, street, office bldg., etc.) While at work at work p. m. 21. I certify that I attended the deceased fram. = 1957 that I last saw the deceased and that death accurred at 12.3 A.M. from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Linwood H. J. knson 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) ational Cem. Arlington. Va. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Bethesda, Md. DATE DEC 1 4 '59

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15M 9/58

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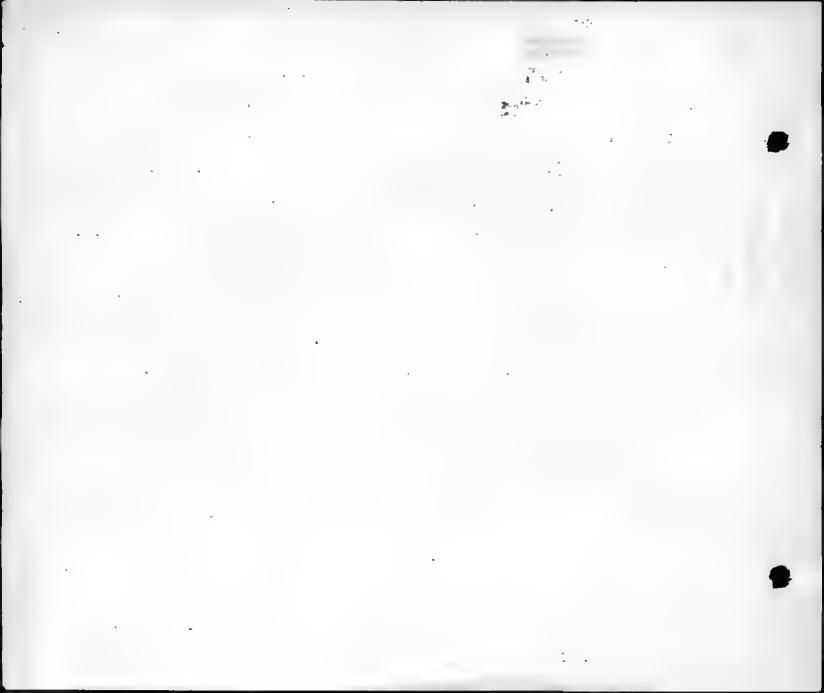
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PLACE OF DEATH

o. COUNTY





22c. NAME OF CEMETERY OR CREMATORY

Sunset

ADDRESS

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

DATE

DEC 1 8 '59

Christiansburg. Virginia

24b. REGISTRAR'S SIGNATURE

arthur S. Thomas

(Stote)

VS. A15ME(5) 5M 9/55

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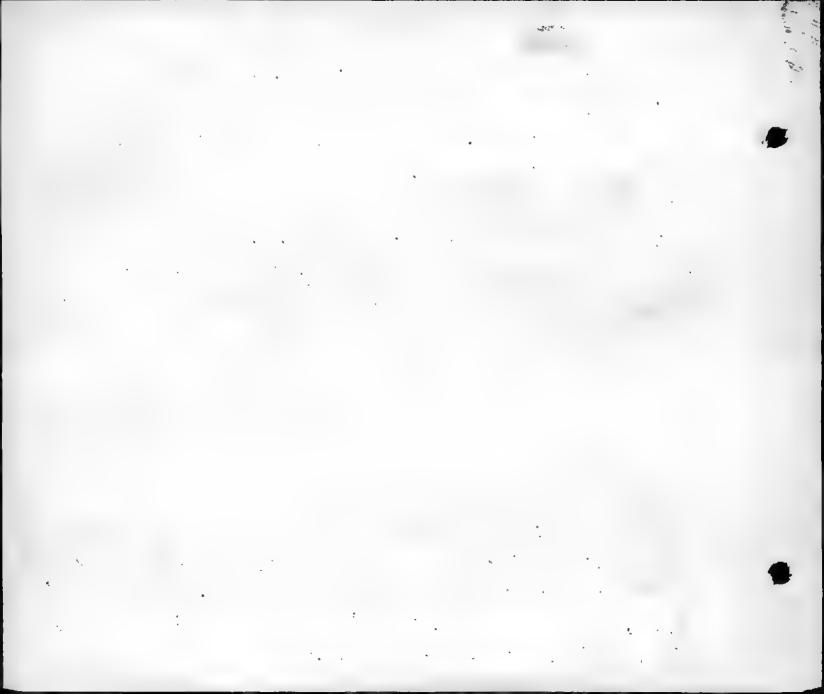
22a. BURIAL, CREMATION,

23. FUNERAL DIRECTOR'S SIGNATURE

Wheeler I

22b. DATE THEREOF

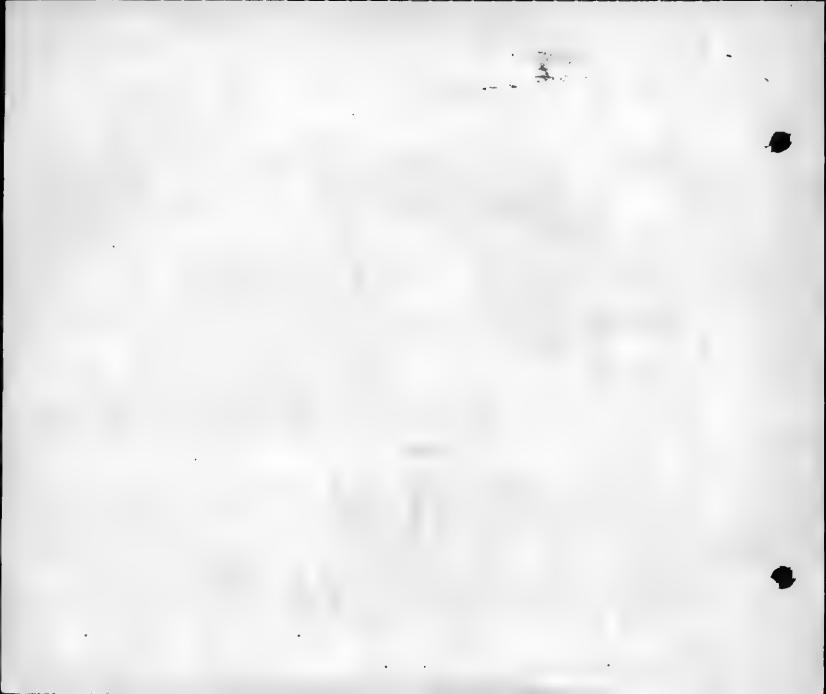




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This certific	ard "pending	Examiner's Of	auld be used	
R: This certific	ward "pending	Examiner's Of	shauld be used	
ER: This certific	e ward "pending	al Examiner's Of	3 shauld be used	
INER: This certific	the ward "pending	lical Examiner's Of	3 should be used	
MINER: This certific	the ward "pending	edical Examiner's Of	ge 3 shauld be used	
AMINER: This certific	ng the ward "pending	Medical Examiner's Of	age 3 should be used	
XAMINER: This certific	iting the ward "pending	f Medical Examiner's Of	Page 3 should be used	
EXAMINER: This certific	vriting the ward "pending	ief Medical Examiner's Of	R: Page 3 shauld be used	
L EXAMINER: This certific	writing the ward "pending	hief Medical Examiner's Of	OR: Page 3 should be used	
AL EXAMINER: This certific	e, writing the ward "pending	Chief Medical Examiner's Of	:TOR: Page 3 should be used	
ICAL EXAMINER: This certific	ate, writing the ward "pending	e Chief Medical Examiner's Of	ECTOR: Page 3 should be used	
DICAL EXAMINER: This certific	icate, writing the ward "pending	he Chief Medical Examiner's Of	RECTOR: Page 3 should be used	
EDICAL EXAMINER: This certific	cate, writing the ward "pending	the Chief Medical Examiner's Of	SIRECTOR: Page 3 should be used	
MEDICAL EXAMINER: This certific	cate, writing the ward "pending	the Chief Medical Examiner's Of	. DIRECTOR: Page 3 should be used	
r MEDICAL EXAMINER: This certific	cote, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of tar. Page 4 should be	The Chief Medical Examiner's Of	At DIRECTOR: Page 3 should be used	al.
TY MEDICAL EXAMINER: This certific	s conficate, writing the ward "pending	leg The Chief Medical Examiner's Of	RAL DIRECTOR: Page 3 should be used	ıval.
UTY MEDICAL EXAMINER: This certific	he conficate, writing the ward "pending	rdeg the Chief Medical Examiner's Of	ERAL DIRECTOR: Page 3 should be used	naval.
PUTY MEDICAL EXAMINER: This certific	the comments, writing the ward "pending	varded the Chief Medical Examiner's Of	NERAL DIRECTOR: Page 3 should be used	emaval.
DEPUTY MEDICAL EXAMINER: This certific	te the comments, writing the ward "pending	rwarded. The Chief Medical Examiner's Of	UNERAL DIRECTOR: Page 3 should be used	remayal.
DEPUTY MEDICAL EXAMINER: This certific	tute the committee, writing the ward "pending	arwarded. The Chief Medical Examiner's Of	FUNERAL DIRECTOR: Page 3 should be used	ir remayal.
O DEPUTY MEDICAL EXAMINER: This certific	cute the conficate, writing the ward "pending	forwardes. The Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fit	O FUNERAL DIRECTOR: Page 3 should be used	ar remayal.
TO DEPUTY MEDICAL EXAMINER: This certific	cute the conficate, writing the ward "pending	farwardes the Chief Medical Examiner's Of	TO FUNERAL DIRECTOR: Page 3 should be used	ar remayal.
TO DEPUTY MEDICAL EXAMINER: This certific	cute the contracts, writing the ward "pending	forwarde	TO FUNERAL DIRECTOR: Page 3 should be used	ar remayal.
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please exe-	cute the contracts, writing the ward "pending	forwarde	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File page Tand 2 with the registrar prior to burial, eremation	or remayal.

5M 9/55

	MARYLANE	STATE DEPART	MENT OF	HEALT	H-BAI	TIMORE,	18	
OSP. COPY		AL EXAMINE	R'S CERTI	FICA.	TE OF	DEATH	Reg. Dist.	No. 138
PLACE OF DEATH	13884		2. USUAL RE	SIDENCE (V	Vhere deceas	ed lived. If Institu	tian: Residence	before admission)
o. COUNTY	Montgomery	MARYLA	ND 0. STATE	Maryl	.nd	b. COUNT	Mont _e	omery;
b. CITY OR TOWN	(If outside corporate limits, write RURAL	c. LENGTH OF STAY IN	1b c. CITY O	R TOWN (II	autside corp	porate limits, write	RURAL and giv	ve nearest town)
-	Bethesda	12 hrs. 45	mins. X	Chev	y Chas	5e		
	PITAL OR INSTITUTION (If not in		d. STREET	ADDRESS				e. IS RESIDEN ON A FAR
Sı	iburban Hospi	tal	1 4810 Leland Street		reet		YES NO	
NAME OF DECEASED	First	Middle	La	st	4. DATE OF	Manth	_	oy Year
(Type or print)	Joh n	Α.	Corbin		DEATH	Dec.		19 5
EX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED				9 AGE (In years last birthday)	Months Day	
ale	11111100	WED DIVORCED	2/2/96			lost birthdoyl	Manins Day	FEOUR MIN.
USUAL OCCUPA	TION (Give kind of work dane 10 king life, even if retired)	6. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHP	LACE (State	ar fareign c	ountry)	12. CITIZEN	OF WHAT COUN
Retir		1 5. Govt		8 90.	T11		U.	S.A
. FATHER'S NAME			14. MOTHER'S	MAIDEN I	AME			
Fre	ancis Corbin	منه		larv.	Galla	gher		
. WAS DECEASED	EVER IN Ut. S. ARMED FORCES?	18. SOCIAL SECURITY NO. 1	7. INFORMANT			Address		
Yes	WW 1	Yes	Wife	Same	as It	tem 2		
	EATH [Enter only one cause per l	ine for (a), (b), and (c).]					10	HTERYAL BETWEEN
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cere	brul an	tern	11 das			
9040	DUE TO	Thursd answer	1				7	/
Canditions, if			V					,
gave rise to imm	nediate couse (·			
cause last.	(c)							
PART II. C	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERM	NALDISEAS	E CONDITION GIV	EN IN PART 1(c	19. WAS AUTOP
Fiel M	Lhame 10-31-	59 ml 15	al Contr	land.	m C	ment &	Porce	PERFORMED?
20a. EXTERNAL C	AUSE WAS 20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter fiature of i	njury in Par	I or Part II	of item 18.)	<i></i>	
CAUSE OF DEAT			0					
20c. TIME OF IN	JURY Month, Day, Year 20	M. INJURY OCCURRED 20e.	PLACE OF INJURY	(Hame, farm	1. 20f. (City	or town)	(Caunty)) (Sto
Hour o. r ₹ p. r		/hile Not while work at wark	factory, street, affic	e bidg., etc.		hung Cha	n. he	utu n
	that I taok charge of th		shave held ar	Autons		spection .	1,011	Daniel Stad
	ed from: Natural causes				_		'_'	, and find
dedil) resone	ed Holli: Malarat caoses	Accident L,	Solcide [], 1	ramiciae	, Ц, О	ndetermined c	ause	
ACTUAL S	Z= . 0 Bas	na da h	CHIEF	MEDICAL EX	CAMINER			DATE SIGNED
SIGNATURE	new yor or w	repare	M.D.		AL EXAMINE			
EXAMINER'S	ELAND IT R	MSCherk			EXAMINER [2 -//-	.54
NAME (Type)	ION, J22b. DATE THEREOF	22c. NAME OF CEMETERY		WEDICAL				
REMOVAL (Speci Burlal	(y) 12/14/59	Gate of H		a m		MON (City, town, o		(State)
FUNERAL DIRECTO		ADDRESS	eavell C		D SY REGIST	Lver Spi	TRAR'S SIGNA	Md.
	A. Pumphrey I				EC 1 6 4			
	I amplifey I	occuesda, no		DATE	-010,	is a	Thur S. H	raud





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 13886 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o COUNTY b. COUNTY MARYLAND deoth. b. CITY OR TOWN (If outside orporate limits, write RURAL and give nearest/token) c. LENGTH OF STAY IN 16 c CITY OR TOWN (Mautside corporate limits, write RURAL and give hearest town maineran d. NAME OF HOSPITAL (If not in hospital, give)treet address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 060 060 YES NO F NAME OF Middle 4. DATE Month DECEASED 1020 (Type or print) DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost/birthday) Months Days Hours WIDOWED IT DIVORCED | yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND QF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of/working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 2 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) } ONSET AND DEATH Ď. PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) **DUE TO** Canditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES INO IR 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (Slote) foctory, street, affice bldg., etc.) Hour g. m. Not while While ot wark at work p. m. 21. I certify that I attended the deceased fram. 19____that I last saw the deceased . T.M. from the causes and on the date stated above. and that deoth occurred at ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL, CREMATION, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d JOCATION ICITY (State) REMOVAL (Specify) **EUNERAL DIRECTOR'S SIGNATURE** 246 REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 141 arthus & Krous 15M 10/57



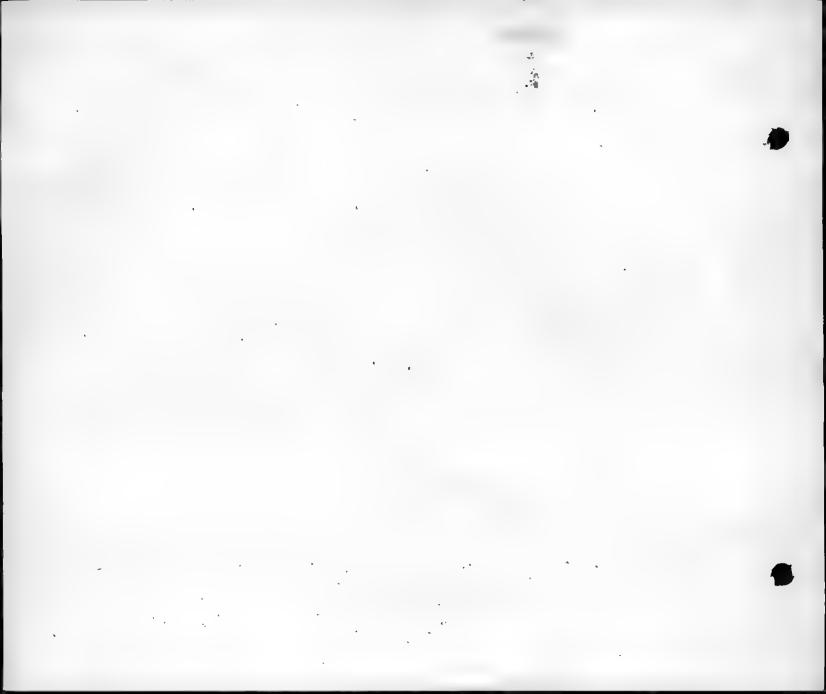
TO HOSPITAL TATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 having after death. Page 4 may be relified to standing physician.

TO FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, are remaval, and in any event within 72 haurs offer death. X

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13887 CERTIFICATE OF DEATH

L	13887 CERTI	IFIC.	ATE OF DEATH Reg. Dist. No. 382	8
ī	PLACE OF DEATH g, COUNTY		2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission))
	G. COUNTY MARY MARY	YLAND	O. STATE MARYLAND 6 COUNTY MONTGOMER	Y
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	
L	SILVER SPRING 3 KARS		12 VER SPRING, MARYLAND	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 8628 FINEY BRANCH ROAD		3. STREET ADDRESS BELLS PINEY BRANCH ROAD ON A FA YES IN	RM?
3.	NAME OF DECEASED (Type or print) NARA Middle	/	CRAVIN DEATH DECEMBER 1 19	
F	140101	1	CAOINT.	
3.	FEMALE (AUCASOID) WIDOWED DIVORCE			Min,
10	a. USUAL OCCUPATION (Give kind of wark done during/most of warking life, even if retired) HCUSEWIFE 40ME	OR INDU	USTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COU	NTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
1	MICHAEL KEARDON		MARN Follow	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO et. no. of unknown) (If yes, give wor or dores of service)). T. J	INFORMANT Address	P
L	A B	M	ISS MARGARET (RONIN 8628 PINEY BRANCH	10.
Г	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)	1,7	COULD A COME ONSET AND DE	EEN
	PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	VA	SCULAR (ULLAFSE 4HOUR.	3"
	Conditions, if any, which) (b) HEMOK	HAGE- GHOUR	S.	
	gave rise to immediate cause (a), stating the under-	GEL	OL VARICES UNKRE	WN
١z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT	OPSY
¥	HEPATIC CIRRHOSIS		PERFORM! YES \[\] N	ED?
崖	200 ACCIDENT WAS UNDERLYING [7] 206, DESCRIBE HOW INJURY O	CCURRE	ED. (Enter nature of injury in Part I or Part II of item 18.)	
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
2	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED		LACE OF INJURY (Hame, farm, 20f. (City or tawn) (County)	(State)
MEDICAL	Haur a. m. p. m. 19 While Not while at wark	l ra	actary, street, affice bldg., etc.)	
	2). I certify that I attended the deceased from T 04	. 4		ensed
	111, 41 //	death	h accurred at 6:15 P.M., from the causes and on the date stated a	
			ADDRESS (Street, city or town, state) PATE SI	IGNED
	SIGNATURE & Loph / Ouro	7	M.D. 9420 OLD GERRGETOWN RD. DEC. 11, 19	15 9
	PHYSICIAN'S TOSEPH D. CONNOR M	0	BETHESON IY, MARYLAND	,
22	BURIA., CREMAT ON, 22b DATE THEREOF 22c. NAME OF CEM	ETERY O	OR PRIMATERY 22d. LOCAT ON (City, town stourity) (Stote)	,
0	Berief 12/13/59 18 M	Care	y com Glos bels na	1_
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	クノス	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
1	N De Headlow & Sen	da.	Come Ave DATE DEC 1 4 '59 Cholling S. Frank	



MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



A. D. BONIFANT. M. D.

22c. NAME OF CEMETERY OR CREMATORY

Flower

ADDRESS

Laytonsville.

22b. DATE THEREOF

Dec.

Reg. Dist. No

m. IS RESIDENCE

25

12. CITIZEN OF WHAT COUNTRY?

USA

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES NO T

(State)

Md.

(Stote)

Dovs

(County)

SANDY SPRING, MARYLAND

24b. REGISTRAR'S SIGNATURE

Cothur & Kines

22d. LOCATION (City, town ar county)

Redland

24g, REC'D BY REGISTRAR

DATE

DEC 3 1 '59

ON A FARM?

YES TO NO TX

Year

19

59

3 should registror FUNERAL page 2

VII A15 (4) 15M 9/58

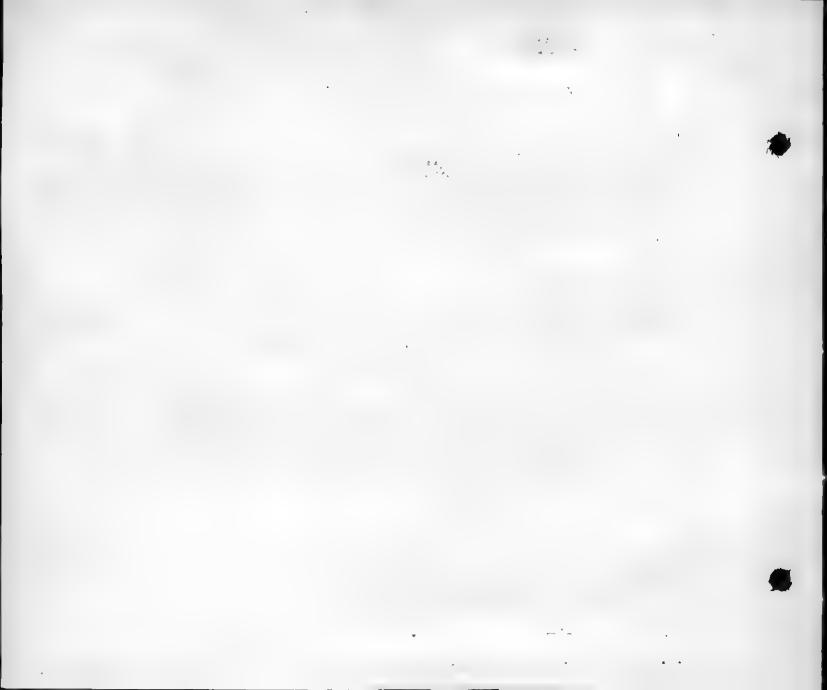
PHYSICIAN'S

NAME (Type)

220 BURIAL, CREMAT ON,



death,



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

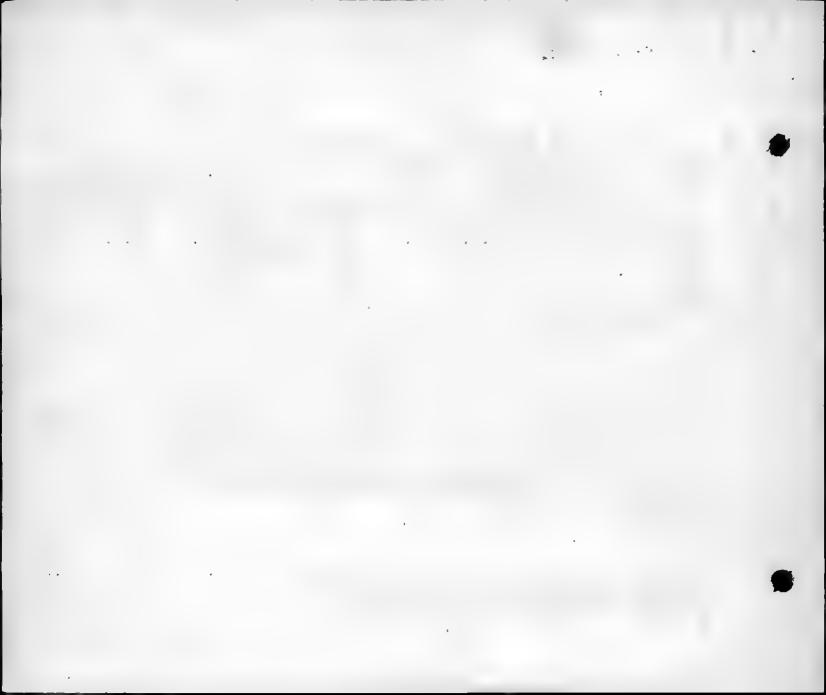
13891

CERTIFICATE OF DEATH

Reg. Dist. No. 13833

)	1. FLACE OF DEATH o. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution Residence be a. STATE Maryland b COUNTMONTGOTT	
	b CITY OR TOWN (If outside corporate limits, write RURAL and Berthesda 9 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give n	egrest fown)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR IN 4840 Bayard Blvd.	d. STREET ADDRESS 4840 Bayard Blvd.	e, IS RESIDENCE ON A FARM YES NO T
	3. NAME OF DECEASED (Type or print) LAURA MAE DECKER	OF DEATH December 22	
	5. SEX Female 6. COLOR OR RACE White WIDOWED DIVORCED DI	B. DATE OF BIRTH January 28, 1889 AGE (In years IFUNDER 1 YEA Motion 24	Hours Min
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRIBLE OF SUSINESS OR INDU	Vashington, D. C. 12 CITIZEN U.S.	OF WHAT COUNTRY?
	James B. Burch	14. MOTHER'S MAIDEN NAME Lillian Colton	
		NFORMANT Address 3. Harold Ham-Item #2- Daught	er
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which agave rise to immediate DUE TO DUE TO	hage Î	TERVAL BETWEEN NSET AND DEATH BES THEN HOU Years
)	Couse (a), stating the under (c) lying cause tast. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) D. (Enter noture of injury in Part I or Part II of Item 18.)	19, WAS AUTOPSY FERFORMED? YES NO 6
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PU	ACE OF INJURY IHome, farm, 20f. (City or town) (Country, street, affice bldg., etc.)	r) (Slate)
	COP P D	accurred at 3:10 PM, from the causes and an the d ADDRESS (Street, city or fown, stote) M.D. 4400 - 49th St. N.W Washington	ate stated above. DATE SIGNED
4e	220. BURIAL CREMATION, BURIAL CREMATION, 12-24-59 Cedar Hill ((State)
,	23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey, Bethesda, Mai	ryland 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNAT DATE 28 159 Orthon & Fire	

VS A15 (4) 15M 10/57



VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 13834

	3. P	LACE OF DEATH	TOUSK			2. USUAL RE	SIDENCE (W	here decease	ed lived. If Institut	ion: Residence	before admission)
	C	a. COUNTY MONTIGO	OMERY		MARYLAND	o. STATE	MARYT.	AND	b. COUNTY	THE TYPE	OMED*
	Ь	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
		SILVER SPRING 2 yrs.					R SPR				
	d			N (If not in he	spital, give street address)	d. STREET		K SIK	LING		. IS RESIDENCE
		12,502 FE				11/	2 FEL	DON S'	TREET		ON A FARM?
		NAME OF DECEASED Type or print)	ALZIRE	First	Middle (nmi)	tor DEMERS	1	4. DATE OF DEATH	Month DECEMBER		19 59
	5. S	EX	6. COLOR OR RA	CE 7. MARRI	IED NEVER MARRIED	B. DATE OF BIRTS	1		9. AGE (In years	IF UNDER TYE	AR IF UNDER 24 HRS.
		SMALE	WHITE	WIDOWE	DIVORCED []	MARCH 1		7	72 yrs.	Months Day	Alours Min.
	10a.	USUAL OCCUPATION Uring most of working	N (Give kind of wo	ark done 10b. i ed)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPL	ACE (Stote o	or foreign co	ountry)		OF WHAT COUNTRY?
			tired) Pa	APER BO	X MANUFACTURIN					ָ . ט	S. A.
		FATHER'S NAME				14. MOTHER'S	MAIDEN NA	AME			
		FABLEN LEGE				UNKNO					
		WAS DECEASED EVER	R IN U. S. ARMED (If yes, give wer or don		SOCIAL SECURITY NO. 17. 1	NFORMANT	F.		Address		Spring, Md.
)_	no			062-20-9085A M	rs. Robe	ert g.	Snow	12,502 F	eldon :	St., Silver
		18. CAUSE OF DEATH	I Enter only one	cause per line	for (a), (b), and (c).]					1	NTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH	H WAS CAUSED BY MMEDIATE CAUSE	Y: E (a)	CORONARY OCCIA	STON					D DEAD IN
		4201	DUE								BED)
		Conditions, if ony	y, which)	(b)							0120 /
		gove rise to immedia									······································
		(a), stating the un couse lost.	iderlying)	(c)							
	Z	PART II. OTHE	R SIGNIFICANT C		ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE	CONDITION GIVE	EN IN PART 1(b) 19. WAS AUTOPSY
ÿ.	ATIC										PERFORMED?
	CERTIFICATION	20a. EXTERNAL CAUS	SE WAS	20b. DESCRIE	BE HOW INJURY OCCURRED. (Enter nature of in	iury in Port	For Port II	of item 18.1		1100
	_	PRIMARY OF CONT CAUSE OF DEATH.	TRIBUTING		·				,		
	MEDICAL	20c. TIME OF INJURY	Y Month, Day,		k-a	CE OF INJURY (20f. (City	or town)	(County) (State)
	MED	Hour o.m.		19 of we	ork ot work	ory, street, diffici	i biog., etc.;				
		21. I certify the	at I took cho	rge of the	remoins described obc	ve, held on	Autopsy	□, In	spection .	Inquiry	2, and find that
		deoth resulted f	from: Notur	ol couses [🗶, Accident 🔲, Su	icide 🔲 , H	lomicide	☐, Ur	determined c	ouse 🔲.	
		ACTUAL 2		0							DATE SIGNED
		RE 5	aud J.	1200	rhait	M.D.	REDICAL EXA	_			
		EXAMINER'S			and	ASSISTA	NT MEDICA	L EXAMINE	· 🗆	DE	C.1,1959
		NAME (Type) FI	RANK J.	BROECHA	RT	DEPUTY	MEDICAL E	KAMINER []	9		
	220.	BURIAL, CREMATION	, 22b. DATE THE	REOF	22c. NAME OF CEMETERY OF	CREMATORY		22d. LOCAT	ION (City, town, o	r county}	(State)
	T	RANS & BUI	RIAL 12/	5/59	PARISH CEMETE	RY		OGDE	nsburg, 1	IEW YOR	K
		FUNERAL DIRECTOR'S		- INC.	SILVER SPRI	NG MD	24a. REC'D	BY REGISTI		TRAR'S SIGNA	
		Raimond		ika		1.0 9 1.00 9	DATENE	2 15	9 00	my 8. 10	Call A



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13835
\$ 8 .	13892 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
should should crematic	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. COUNTY b. COUNTY C
Poge 4	b. CITY OR TOWN (If outside corporate limits, write RURAL and give fearest town) ond gray finances bown)
X X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
delay and display in fill from pur	3. NAME OF SITH Middle Lost 4. DATE (Month Day Year
funer funer ar you regist	3. NAME OF DECEASED (Type or print) 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BLOWN 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS.
oth. If to the int the	male white WIDOWED DIVORCED 114/1-54 WIDOWED DOYS Hours Min.
ter dec and 3 be reta nd 2 w	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 4. S. C.
S may S may 1 of ges 1 o	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rosella Lee McCauler
Poge frile pog	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
P.M.3.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY:
liem litem lasit pe	MAMEDIATE CAUSE (a) V DUE TO DUE TO
d ba e	Canditions, if ony, which go Quarter Resourchers Infection 3 day
shauk in pen a bur	cause last. (c)
ding:	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
d 'pen miner Id be	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)
NER: T he war ical Ex 3 shou	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) While Not while of work at work at work
XAMI iting i f Med f Med	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . and find that
CAL E	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .
MED NE	ACTUAL SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
DEPUTY use the ornworder FUNERA	NAME (Type) FLANK J. Bruschart DEPUTY MEDICAL EXAMINER 7 /2-5-59
0 to 1 to	220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Store) Laytonsville Md.
YS. A15ME(5) 5M 9/55	23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS Layton 8 ville, Md DATEC 9 159 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Only of Barber Layton 8 ville, Md DATEC 9 159
	2873386XU4

VS A15 (4) 15M 10/57

O IS RESIDENCE

ON A FARM?

YES TO NO TO

Yeor

19 26

Ren. Dist. No.

Months

MonTgomery

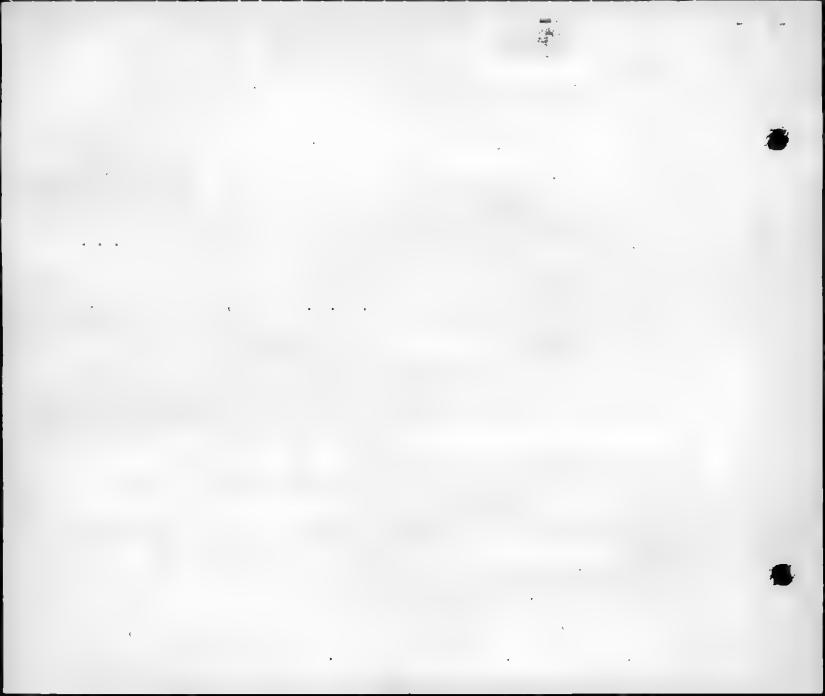
Day

HE UNDER 1 YEAR IF UNDER 27 FIRS

Hours

Dovs

12 CITIZEN OF WHAT COUNTRY? U.S.A. Mrs. Wm. T. Lackland. 7809 Boston Ave. ONSET AND DEATH PERFORMED? YES NO IZI-(County) (Stole) 1957 to 30 Dec 1959, that I last sow the deceased ____, and that death occurred at 120PM, from the causes and on the date stated above. ADDRESS (Street, city or town, stofe) DATE SIGNED 22d LOCATION (City, (oylin, or county) (Stote) COUNTY MARYLAND 24b. REGISTRAR'S SIGNATURE arthur & Kraus DATE JAN 5



13895 CERTIFICATE OF DEATH Rea. Dist. No. uneral director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Filed b. COUNTY MARYLAND 0179 arv death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give warest town) RURAL and give nearest town) Spring d. NAME OF HOSPITAL (Winat in haspital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? within 24 hours 102 YES NO THE NAME OF Middle 4. DATE Month Year OF Dec (Type or print) 2 195 DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months remale WIDOWED 132 DIVORCED | 8 papers. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? ofter death Housewif and carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician McMahon Catherine Sullivan remove hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Samp 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) 12 hours DUE TO Conditions, if any, which (b) gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Vascular YES NO K 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o. ft. foctory, street, office bldg., etc.) While Not while ot work at work p. m. March 1958, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 7.45P M, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Lawrence FUNERAL 270. BURIAL, CREMATION. -226. NAME OF CEMETERY OF 22d. LOCATION (City, lown, or county) (Stote) DURIAL (Specify) 2 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DAREC 3 0 '59 Orthun S. Kraus

TO HOSPITAL

AND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13838

1200 CERTIFICATE OF DEATH

Reg. Dist. No. 215

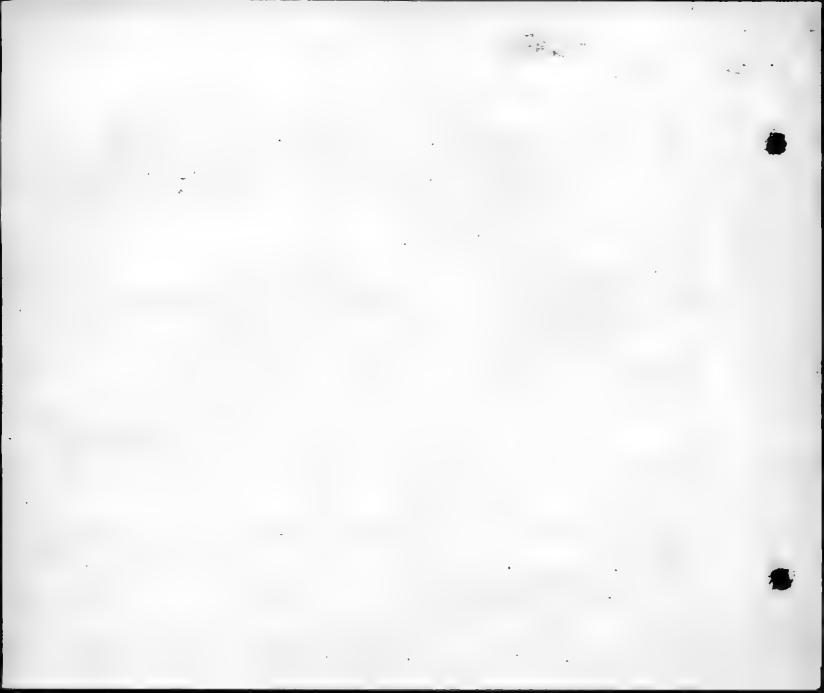
L. PLACE OF DEATH SCHOOL OF STATE SCHOOL OF STATE IN INTEGRATED SCHOOL OF STATE IN INTEGRAL SET INTEGRAL SET INTEGRAL SET INTEGRAL SET IN INTEGRAL SET	А			,									
Bethesda (Rural) d. NAME OF HOSPITAL (find in hospital) give street odd/ens) J.S. TREY DOESS ON A FARM TO NOT THE STORY OF STREET ON A FARM TO NOT THE STREET ON A FARM ON A FARM TO NOT THE STREET ON A FARM TO NOT THE STREET ON A FARM ON A FARM TO NOT THE STREET ON A FARM ON A FARM TO NOT THE STREET ON A FARM ON A FARM ON A FARM ON A FARM TO NOT THE STREET ON A FARM ON A FA		a COUNTY			MARY	LAND	a STATE	nere deceose		on Residenc	e before o	odmissio	n)
Bethesda (Ruyal) [18] days J. NAME OF DOWNAL (If not in begins), give street abdenty O. INSTITUTION J. S. NEVAL Hospital, Bethesda Md. J. S. TREET ADDRESS ON A FAMOUR J. S. NEVAL Hospital, Bethesda Md. J. S. TREET ADDRESS SEX O. COLOR OR RACE T. MARRIED NEVER ARRIED DOWNERD Dean (In) FARNSWORTH J. AGE (in year) [FUNDER! TEAR! IF UNDER 22 HES Male White Whowen Dovorced Divorced or for sign country) J. S. SEX O. COLOR OR RACE J. MARRIED NEVER ARRIED DOWNERD DIVORCED DIVORCED DIVORCED DIVORCED COUNTRY U.S. GOVERNment L. RANGE OF BRITH J. AGE (in year) [FUNDER! TEAR! IF UNDER 22 HES India britiday) J. Mannis Days J. Houri Min. J. AGE (in year) [FUNDER! TEAR! IF UNDER 22 HES India britiday) J. Mannis Days J. Houri Min. J. AGE (in year) [FUNDER! TEAR! IF UNDER 22 HES India britiday) J. Mannis Days J. Houri Min. J. AGE (in year) [FUNDER! TEAR! IF UNDER 22 HES India britiday) J. Mannis Days J. AGE (in year) [FUNDER! TEAR! IF UNDER 22 HES J. AGE (in year) [FUNDER! TEA	Ì			s, write	c LENGTH OF STAY	IN 15	c. CITY OR TOWN (IF a	outside corpo	role limits, write R	URAL and g	ve neares	it town)	
ON A FARMS U.S. NEVAL Hospital, Bethesda Md. 5510 Hospital Street ON A FARMS ORTH Decame (n) FARNSWORTH Decame Doy Year Dotted Associated (Part of Bart of Decame) Doy Year Dotted Associated (Part of Bart of Decame) Doy Year Dotted Associated (Part of Bart of Decame) Doy Year Dotted Associated (Part of Bart of Decame) Doy Year Dotted Associated (Part of Bart of Bar	-				181 days		XBethesda						
U.S. Naval Hospital, Bethesda Md. 1910		d. NAME OF HOSPIT	AL (If not in hospital, gi	ve streel	address)		d. STREET ADDRESS				e.	S RESID	APM2
Decare Decare Decare (i) po or print) Dean		U.S. Naval	. Hospital,	Bethe	esda Md.		5510 Hc@vei	r Stre	et				
Top Series Top			Firs	t			Last	4. DATE	Mon	th	Day	Ye	ngr I
Male White Widowed Divorced 1-22-02 57 yr. Manth Doys Hours Min. 100. USUAL COCCATAINON (Gire land of work dane) 100. SUAL COCCATAINON (Gire land of work dane) 101. SUAL COCCATAINON (Gire land of work dane) 102. SUAL COCCATAINON (Gire land of work dane) 103. MASS DECEASED EVER IN U. S. ARMED FORCES? 104. SOCIAL SECURITY NO. 105. MASS DECEASED EVER IN U. S. ARMED FORCES? 105. SUAL COCCATAINON (Gire land of work) 106. SUAL COCCATAINON (Gire land of work) 107. SUAL COCCATAINON (Gire land of work) 108. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).] 109. CANCLING (Gire) 109. WAS AUTOFSY 109. WAS AUT	ı		Dear	Ω	(n)	F	ARNSWORTH		Decembe	er	27	19	159
MALE WINTER WORKED DIVORCED 1-22-02 57 yrs. 10. LSUAL OCCUPATION (Give kind of work dome to the control of the control of working life, even if retired to the control of working life, even if retired U.S. GOVERNMENT KANSAS U.S. 13. FATHER'S NAME EITHER FARDSWORTH 15. WAS DECEASED FVE IN U.S. ARMED FORCES? I.S. SOCIAL SECURITY NO. INFORMANT WITE WITE RUNGE WORK AND A SECURITY NO. INFORMANT WITE RUNGE OF DEATH (Enter only one couse per line for (o), (b), and (c).] PARTIL DEATH WAS CAUSED BY IN U.S. WE UM ON I.A. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).] PARTIL DEATH WAS CAUSED BY IN U.S. WE UM ON I.A. 19. CANCEL NAME OF CARCLAND A HYPOF NARRY X Conditions if any, which gover rise to immediate couse (o), totaling the under Uying couse last. 19. CARCLAND A HYPOF NARRY X 20. CARCLAND WAS UNDERSYNOL DECEASED OF DEATH (Either notive of injury in Port Lor Part II of Hem 18.) 19. CARCLAND A CODENT WAS UNDERSYNOL DECEASED OF CONTRIBUTING I CAUSE OF DEATH (Either, NOTICY Medical EXAMINED) 20. ACCIDENT WAS UNDERSYNOL DECEASED OF DEATH (Either, NOTICY Medical EXAMINED) 21. L'estiffy that I attended the deceased from 29 June 19.59 to 27 December 19.59 that I last sow the deceased alive an 27 December 19.59 and that death occurred alive an 27 December 19.59 and that death occurred alive an 27 December 19.59 and that death occurred alive an 27 December 19.59 and that death occurred alive an 27 December 19.59 and that death occurred alive an 27 December 19.59 and that death occurred alive an 27 December 19.59 and that death occurred alive an 28 December 19.59 and that death occurred alive an 29 December 19.59 and that death occurred alive an 27 December 19.59 and that death occurred alive an 27 December 19.59 and that death occurred alive an 27 December 19.59 and that death occurred alive an 28 December 19.59 and that deceased from 29 December 19.59 and that deceased alive an 27 December 19.59 and that death occurred alive an 28 December 19.59 and that deceased alive an 29 Decembe	ĺ	5. SEX	6. COLOR OR RACE	7. MARE	RIED 🔀 NEVER MARRIE	D 🔲	B DATE OF BIRTH		9. AGE (In years				
U.S. GOVERNMENT KANSAS U.S. 13. FATHER'S NAME EITHER FATDSWOrth 14. MOTHER'S MAIDEN NAME Angiline Small 15. WAS DECEASE DEVER IN U.S. ARMED FORCES? (Vis. No. or withshouse) 16. SOCIAL SECURITY NO. (Wife) Ruth B. Fathsworth Same as #2 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (ol.)] PART I. DEATH WAS CAUSED BY: (INTERVAL BETWEEN ONSE AND DEATH Gree only one couse per line for (ol.) (b). The UM & N I AT I.D. 18. CAUSE OF DEATH [Enter only one couse per line for (ol.) (b). The UM & N I AT I.D. 19. CARCING MAD A HYPO FRAPYNX DUE TO Conditions if ony, which gave rise to immediate couse [ol.) staling the under line in the distribution of the unit of	ı	Male	White	WIDOWI	ED DIVORCE		1-22-02			Months	Days F	ours	Min.
U.S. Navy U.S. Government Kansas U.S. 13. Fathers name I.M. Mothers maden name I.M. Mothers maden name Angiline Small 15. WAS DECEASED EVER IN U. S. ARMED FORCES? I.6. SOCIAL SECURITY NO. INFORMANT Address WI II WI II Address WI II Addres		10a. USUAL OCCUPATIO	N (Give kind of work d	lane 10b.	KIND OF BUSINESS O	R INDUS	TRY 11 BIRTHPLACE (Stole	or foreign c	ountry)	12 CITIZ	EN OF W	HATCO	UNTRY?
12. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	ı		ing life, even if refired)		S. Governm	ent.	Kansas			I.	S.		
15. WAS DECEASEDEYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Wife Ruth B. Farnsworth Same as #2 WW II Wife WW II WW	ľ						7	NAME					
15. WAS DECEASEDEYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Wife Ruth B. Farnsworth Same as #2 WW II Wife WW II WW	ı	Elmer Farns	worth				Angiline	e Smal	1				
The cause of death Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).] 19. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).] 19. CAUSE OF DEATH Conditions if only. Which DUE TO DUE TO Conditions if only. Which gave rise to immediate couse (o), rolling the under lying couse lost. (c) 19. CARCINOM Hypo harryn Due to Du	ŀ	15. WAS DECEASED EVE	R IN U. S ARMED FOR	ES? 16.	SOCIAL SECURITY NO	. 1		- 2-4		ress			
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRE UM & N PA ONSET AND DEATH	V			rrice)		(Wi	fe) Ruth B. 1	Farnsw	orth Same	as #	2		
DUE TO Canditions if only, which gave rise to immediate cause (a). Staling the under lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? YES NO TO CONTRIBUTING CAUSE OF DEATH II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH III. OTHER SIGNIFICANT WAS UNDERSYING TO CAUSE OF DEATH III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH III. OTHER SIGNIFICANT COURSED TO CAUSE OF DEATH III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO COURSE III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO COURSE III. OTHER SIGNIFICANT COURSE III. OTHER SIGNIF	1	18. CAUSE OF DEA	TH Enter only one cou	se per lii	ne for (o), (b), and (c).						INTERV		
Canditions if ony, which gave rise to immediate cause (c). Staling the under lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOFSY PERFORMED? YES NOT CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING MONTH, Doy, Year 20d. INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 21. I certify that I attended the deceased from 29 June (P. 19.59), to 27 December (19.59), that I last saw the deceased alive an 27 December (19.59), and that death accurred at 12:100 M, from the causes and on the date stated above. ADDRESS (Street, city or town, store) ACTUAL SIGNATURE SIGNATURE (19.59) G. W. TAYLOR CDR MC USN U.S. Naval Hospital, Bethesda, Md. 12-28-5 PHYSICAL STREET OF THE PROPERTY OF CREMATORY (19.50) ARE REGISTRAR'S SIGNATURE 220. BURIAL, CREMATION (226. DATE THEREOF 12.20 NAME OF CEMETERY OR CREMATORY Washington D.C. ADDRESS (STREAK SIGNATURE) 221. FUNERAL DIRECTOR'S SIGNATURE (19.59) ADDRESS (STREAK'S SIGNATURE) 222. ADDRESS (STREAK'S SIGNATURE) 223. FUNERAL DIRECTOR'S SIGNATURE (19.50) ADDRESS (STREAK'S SIGNATURE) ADDRESS (MACCIDENT OR SIGNATURE) 224. ADDRESS (STREAK'S SIGNATURE) 225. ADDRESS (MACCIDENT OR SIGNATURE) ADDRESS (MACCIDENT OR SIGNATURE) 226. DATE SIGNATURE 227. DATE SIGNATURE 228. DATE SIGNATURE 229. DATE SIGNATURE 220. DATE SIGNATURE 220. DATE SIGNATURE 221. DATE SIGNATURE 2220. DATE THEREOF (19.50)	ı	PART I, DEA	PART I, DEATH WAS CAUSED BY: ONSET AND DEATH										
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21. I certify that I attended the deceased from 29 June 1959, to 27 December 1959, that I last saw the deceased alive an 27 December 1959, and that death accurred at 12:10 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED L. J.	١	3 20c. TIME OF INJUR	Y Month, Doy, Yea	r 20d. II	NJURY OCCURRED	20e. PLA	CE OF INJURY (Hame, farm	n, 20f. (City	or town)	(C	ounty}		(State)
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may be recompleted by the hospital or ottending physician.

O FUNERALYXXECTOR: After this certificate has been signed by the attending physicion and completely filled in the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registrar prior to buriol, cremation, ar remayol, and in any event within 72 bours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be re-VS A15 (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH D. COUNTY O. STATE b. COUNTY MARYLAND ont 3 cmcr buria! b. CITY OR TOWN of outside corporate Smile, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? exemiterilam YES NO NAME OF First Middle 4. DATE Month Lost Doy Year funera DECEASED OF DEATH (Type or print) 19 - 120 1 5. SEX 9, AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER TYEAR IF UNDER 24 HRS. 8. DATE OF BIRTH lest birthday) Months Days Hours AAun WIDOWED [DIVORCED T YII. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 1, 2, may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 haurs of Pages 1, 3age 5 may pages hausrence Page : 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address File Give olhe ハル se executed within in Item 18. Give with farm PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO along with Conditions, if any, which penci gave rise to Immediate cause DUE TO (o), stoting the underlying couse last. ner's Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY S PERFORMED? pending NO V 20g. EXTERNAL CAUSE WAS 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 9 PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Ехаті 3 shauld ficate, writing the ward a the Chief Medical Exam DIRECTOR: Page 3 shauld 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while o. m. at work of work p. m 21. I certify that I took charge of the remains described above, held an Autopsy Inspection K. Inquiry VI, and find that a the Chief I death resulted from: Natural causes X Accident | Suicide | Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forword TO FUNERAL ASSISTANT MEDICAL EXAMINER NAME (Type) DEPUTY MEDICAL EXAMINER BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR 22d_LOCATION (City_109h, or county) ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRARIS SIGNATUREA VS. A15ME(5)

5M 9/55



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ry, please ere	ate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be		cremotion	4
cessory, r	r. Page 4)	la buriol,	1
is n	2		Š	1
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessory	neral dir	he Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your filt	OR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar part to buric	
If on	he fu	far	he re	
death.	13 to #	Periore	2 with 1	
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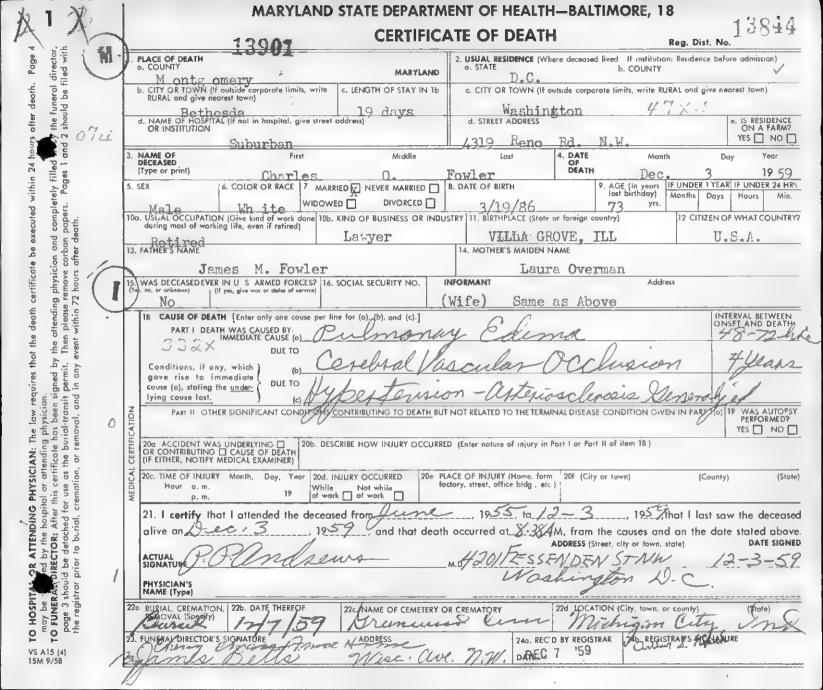
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13842 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE 100 0 b. COUNTY by son for

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	Ь	CITY OR TOWN (If outside corporate buffits, write RURAL ond give negrest lewer)	c. CITY OR TO	OWN (If outside	torporate limits, write	RURAL and giv	re fearest tawn)
		10 1 104	1 x 10.	D	124 1		
	-	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street (dress)	d. STREET ADI	DRESS	- Meise		e. IS RESIDENCE
			1/ 5	, , , o a	0 16. 0	and	ON A FARM?
		3614 Shippenel St.	36	14 3	Mand	3/1	YES NO
		ECEASED ALSO CHOWN AND First Frederick Middle Wm.	Spletsbos	Ser 4 DATI	1 Month	D	ay Year
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	5. \$	6. COLOR OR RACE 7. MARRIED A NEVER MARRIED	8. DATE OF BIRTH		9. AGE tin years	IF UNDER TYE	
		male white WIDOWED DIVORCED	3-28-	- 1895	last birthday)	Months Day	s Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLAC	E (State or fareig	n country)	12. CITIZEN	OF WHAT COUNTRY?
	0	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRING most of working life, even if retired) Consultant Self-employee	d in.				8 0
	-	AWINDIO ALALAE	14. MOTHER'S MA	AIDEN NAME		-27.	
		Frederick Wm. Spletstoser	51	1			
	1.5	WHO SHOULD BE STORED	luz	JUSCH	er		
	15. (Yas,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT J	h ,	Address	1	
		ves WW #1 4	lue to	sher (4	rele)	Ilim	- 2
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		1	7	3)	NTERVAL BETWEEN
	Н	PART I. DEATH WAS CAUSED BY.	A = - 0	-		C	INSET AND DEATH
	Ш	IMMEDIATE CAUSE (a)	10000	adol Wh			sudden
	Ш	420,1 DUE TO					
		Canditians, if any, which					
		gave rise to immediate cause (a), stating the underlying DUE TO					
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	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	HE TERMINAL DISE	ASE CONDITION GIVE	EN IN PART I(c	19. WAS AUTOPSY
	CATION					·	PERFORMED?
		200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	4F-1	1.0.1.0			YES NO 2
	CERTIF	PRIMARY or CONTRIBUTING	(Enter nature at injur	ry in Part I ar Pari	It of item 18.)		
	1 -	CAUSE OF DEATH.					
	ZV Z		ACE OF INJURY (Hondroy, street, affice bloom)	me, farm, 120f. (6	ity or town)	(Caunty)	(State)
	MED	Haur a.m. While Nat while fac	JOLY, SILOGI, GINCO MI	rog., erc.)			
	-	21. I certify that I took charge of the remains described abo	ove held on A	utonty 🔲	Inspection A.	Inquies E	77) and Cadabas
		The state of the s			- Interest C		, and find that
		death resulted from: Natural causes (4), Accident [], Su	iicide ∐, Hor	micide,	Undetermined co	ause [_].	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					DATE CONCE
		SIGNATURE Track O. Drischart	M.D. CHIEF MED	DICAL EXAMINER			DATE SIGNED
		1		MEDICAL EXAMI	NER 🗀		
	Ш	EXAMINER'S FLANK J. BLUSCH 2n	- DEPUTY ME	EDICAL EXAMINE	RIFIC /:	2-31	-59
Tr.	220				-		
	L_	REMOVAL (Specify)	K CREMATURY		CATION (City, town, o	**	(State)
	-	MS. & BURIAL 1/5/60			cson, Michi		
		UNERAL DIRECTOR'S SIGNATURE ADDRESS RILER E., PUMPLYRFY, INC. SILVER SPRING	24	4a. REC'D BY REG		TRAR'S SIGNA	
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VS. A15ME(5) 5M 9/55









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D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 shauld lie detaclied for use as the buria-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or remayal, and in any event within 72 hours of per death.

TO HOSPITAL may be '

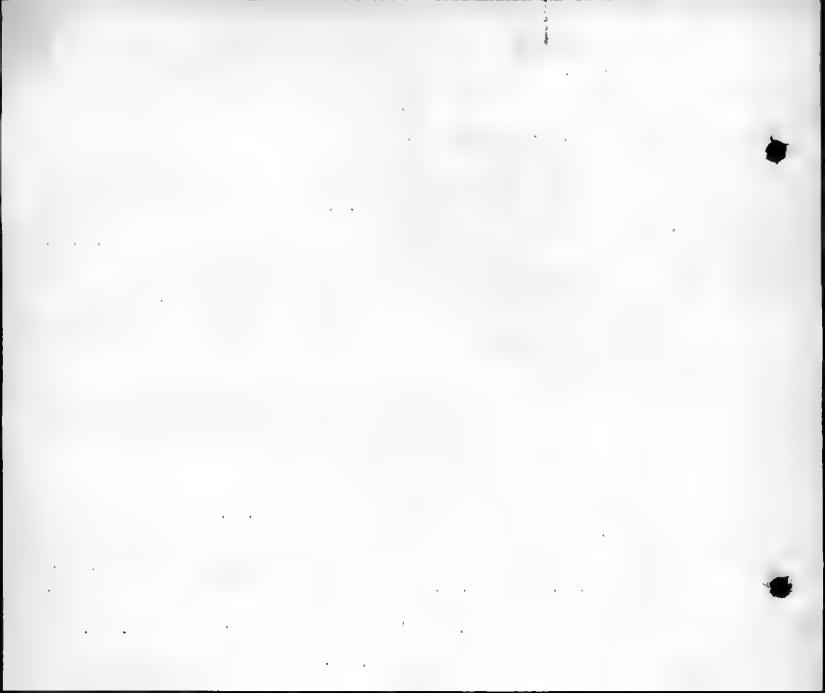
VS A15 (4) 15M 9/58

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CERTIFICATE OF DEATH

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	1.53117								Reg. Dist.	No.	
o. COUNTY MON	tgomery		MAR	YLAND	2. USUAL RESID	Iaryl	and	ed, If institution b. COUNTY		before odr tgom	
b. CITY OR TOWN (IF RURAL and the new trees)	outside corporate limi erest town)	ts, write	LENGTH OF STAY		c. CITY OR TO	term.	olside corporote	limits, write RI	JRAL and giv	re nearest to	own)
Medical Ce					d. STREET AI	DDRESS				ON	RESIDENCE NA FARM? NO 1
3 NAME OF DECEASED (Type or print)	Fit D	oroth	y Wyck		Fraley		4. DATE OF DEATH	Mont 12		29	Year 1959
5. SEX Female	6 COLOR OR RACE White	7 MARRI WIDOWEI			B. DATE OF BIRTH		9.	AGE (In years lost birthdoy) 63 yrs.		oys Hou	rs Min.
10g. USUAL OCCUPATION during most of working House	ng life, even if retired	done 10b 1	CIND OF BUSINESS (OR INDU		rylan		(v)		U.S.	A.
13. FATHER'S NAME					14. MOTHER'S						
	nes Kinne					Viole	t Jones				
15. WAS DECEASED EVER (Yes, no. or unknown) (H	IN U. S. ARMED FOR yes, give wor or dates of i		OCIAL SECURITY NO		Hospital	Reco	rds, O	lney, N		nd	
Conditions, if on gove rise to im couse (o), stoting the lying couse lost.	H WAS CAUSED BY: MMEDIATE CAUSE (c) DUE TO DUE TO DUE TO DUE TO DUE TO OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT O)	Ide		ya!	man	4 ac	elus:		/2	NE AUTOREX
CATIC	ER SIGNIFICANT CON								EN IN PAKE	YES	REORAND?
OR CONTRIBUTING	UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY C	CCURRE	D. (Enter noture of	injury in P	ort I or Port II	or (fem 18.)		_	
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	While of work	JURY OCCURRED Not while of work		ACE OF INJURY (Footbory, street, office	bldg., etc.				unty)	(Stote
21. I certify the alive an 12	1 I attended the 29.59	secease 2		t death	n accurred at	1:30b	M, fram the NDDRESS (Stree	9, 19 c causes and city or town, Sandy	d on the state)	date stat	ed abave
PHYSICIAN'S NAME (Type)	C. H. Li	gon,	M.D.,		Me	dical	Center	r, Sand	y Spr	ing, l	vId.
220. BURIAL, CREMATION REMOVAL (Specify) BURIA			37. Luke		or crematory Luthera			o (City, Iown, o		,	Stote)
23 PONERAL DIRECTOR'S	SIGNATURE		ADDRESS				BY REGISTRA	R 24b. REGIS	STRAR'S SIGN	ATURE	
and in	Jeanne	-	Laytonsv	111	e, Md.	DATE FR	N 4 '60	C	Jun 8.	Thank	



VS A1S (4) 15M 9/SB

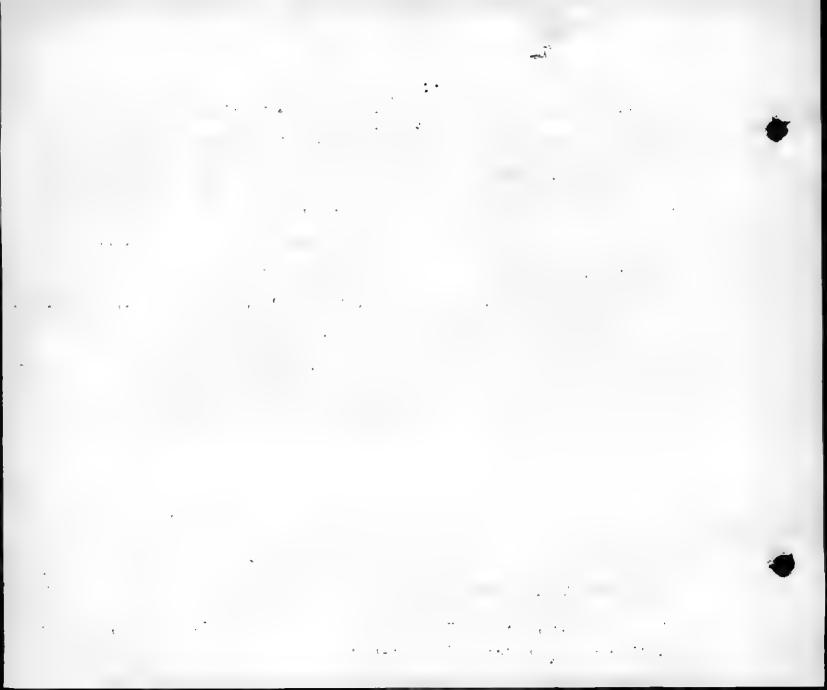
MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
13903	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

13849

Pag Dist No

	road, missi ita
PLACE OF DEATH o. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) O. STATE D. COLINTY
MONTGOMERY	MARYLAND b. COUNTY MONTGOMERY
b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)	
BETHESDA 1 day 17 hrs	SILVER SPRING
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 15 min	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
SUBURBAN HOSPITAL	4400 SIGSBEE ROAD YES NO NO
NAME OF DECEASED First Middle DECEASED (Type or print) PAUL A. FRANCESCO	4. DATE Month Day Yeer OF DEATH DECEMBER 24 1959
S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
MALE WHITE WIDOWED DIVORCED	last biringay) Manths Days Hours Min.
0a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	
NONE	MARYLAND U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DOMESTICK TO DESIGNATION	THE THE PARTY AND THE PARTY OF
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO	HELEN PATRICIA SCHUTZLER NFORMANT Address
Yes, no, or unknown) !! yes, give war or dates of service)	
	MRS.EVELYN TAUBER, 123 TALBOTT ST., ROCKVILLE, M
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (6)	(Al VIrancia (Stock)
1 ,1 DUE TO anomal	ied 2) central nervous 2 deur
Canditions, if ony, which) (b)	sentem defects.
gove rise to immediate (DIT TO	
thing course lead	
	SHE MAT SENTED BY BUTTERMAN BUTTER CONDITION AND ADD TO 12/4C AUTOSC
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPS) PERFORMED?
5	YES NO
OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 18.)
	PLACE OF INJURY (Hame, farm, , 20f. (City or town) (County) (State
Haur a.m. 19 While Not while at work of work	foctory, street, office bldg., etc.)
21. I certify that I attended the deceased from Sell 2	2 , 1957, to Dec 20, 195 That I last saw the decease
1	
dive di	ath accurred atM, fram the causes and an the date stated abav ADDRESS (Street, city or town, state) DATE SIGNE
LACTUAL OF THE STATE OF THE STA	ADDRESS (SITES), City of lown, stole)
SIGNATURE Outpull James	4M.D. 12020 Clargea 1425/
BUDGET AND	Silve Strucke Tur
PHYSICIAN'S PATRICK C. JAMESON	
20 BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERS	Y OR CREMATORY 22d, LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
BURIAL DEC.26,1959 PARKLAWN CE	
3. FUNERAL DIRECTOR'S SIGNATURE WATHER E. Pumphrey, Inc., Silver Sprin	or_Md 24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
Warner E. Pumphrey, Inc., Silver Sprin	DATE DEC 28 59 arthur & House
2,74:	



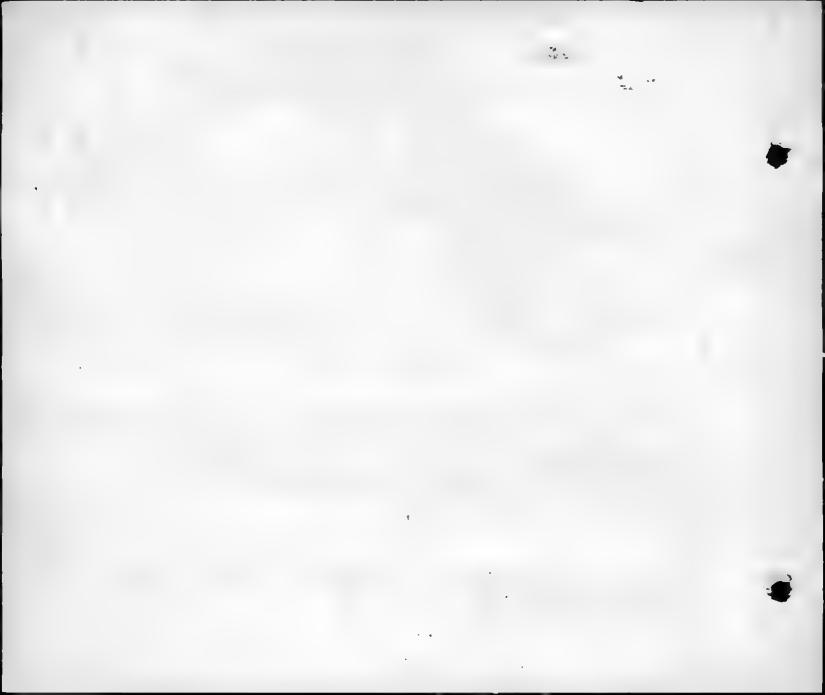
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	۱A	RYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
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CERTIFICATE OF DEATH

13846

12001	CLKIIIC	AIE OF DEATH	Reg. Dis	Reg. Dist. No.			
o. COUNTY MONTOCMENY	MARYLAND	2 USUAL RESIDENCE (Where on STATE)	deceased lived. If institution: Residence b. COUNTY	te before admission)			
RURAL and give nearest town)	LENGTH OF STAY IN 16	c CITY OR TOWN (If outsid	e corporate limits, write RURAL and g	ive negrest town)			
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	(-T-1)	d. STREET ADDRESS	1615 GYE 41411	e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print) PCSC	Middle		DATE Month OF DEATH	Day Year			
5. SEX P 6. COLOR OR RACE 7. MARRIED CAUC, WIDOWED [8. DATE OF BIRTH GUA 14 188	Annual Property of the Company of th	TYEAR IF UNDER 24 HRS Doys Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done 10b. Kind during most of working life, even if retired)	D OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (Stole or fo	preign country) 12. CITI	ZEN OF WHAT COUNTRY			
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME					
Hyman + Tijedma	77	Hanna, C	reen told				
15. WAS DECEASED EVEN IN U. S. ARMED FORCES? [Yes, no. or unknown] It yes, give wer or dates of services		HEREL GUT	hnev 64,7 h	arisas Port			
1B. CAUSE OF DEATH [Enter only one cause per lieu.	er (a), (b), and (c).]			INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Brough	o you lead when		ONSET AND DEATH			
350 X DUE TO		1					
Conditions, if ony, which)	Parku	MINISA		162,			
gove rise to immediate Duc 70							
tying cause lost.							
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRE	D. (Enler noture of injury in Port I	or Part () of item 18.)				
ZOC. TIME OF INJURY Month, Day, Year 20d. INJU While of work	_ Nat while for	ACE OF INJURY (Home, form, 20 ctory, street, office bldg., etc.)	OF. (City or lown) (C	ounty) (State)			
21. I certify that I attended the deceased	fram 1	7 , 1959, to 1	2 5 1959 that I le	ast saw the deceased			
alive an 12-4 0, 1951	, and that death	accurred at 7'.01 A M	, fram the causes and an th				
O YVX :	•		RESS (Street, city or town, state)	DATE SIGNES			
SIGNATURE THE	<u> </u>	M.D Dandy	KM mixac	145/57			
PHYSICIAN'S C.H. LIQ	M.		1 1 8,				
220 AURIAL CREMATION 22b. DATE THEREOF 25 MOVAL (Specify) 126-1959	Hatrona	e CREMATORY 27d	Talls Chu	set Va			
23. FUNTERAL DIRECTOR'S SIGNATURE	ADDRESS	A D 24a. REC'D BY		NATURE			
Totalbert Juneral H	suce Villa	1. DATE DEC	8 '59 Chilling S.	Frank			



SM 9/55

e. IS RESIDENCE

ON A FARM?

YES NO

Year

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

1959

Min.

Reg. Dist. No

IF UNDER TYEAR

Days

Months

`	orac Richer	K.U. OLLA	la can		I WIS.G.			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME				
	Charles A. Tunk		aline T	usmey				
	WAS DECEASED EYER IN U. S. ARMED FORCES		ORMANT	Address				
	no	171-09-2223 Ela	ine Famile	(wyle) It	<u> </u>			
	18. CAUSE OF DEATH [Enter only one cause po	or line for (a), (b), and (c).	1	/	INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) OTHER OCCUSION							
	pue to							
	Conditions, if any, which } (5)	0						
	gove rise to immediate cause (a), stating the underlying DUE TO							
	couse last. (c)							
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION	ON S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	HALDISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 19.			
	20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m., p. m. 19	20d. INJURY OCCURRED While Not while at work at work	OF INJURY (Home, farm, r, street, office bldg., etc.)	20f. (City or town)	(County) (State)			
	21. I certify that I took charge of	the remains described above	e, held an Autopsy	. Inspection . I	Inquiry 📝, and find the			
	death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .							
	ACTUAL SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED							
	EXAMINER'S FLANK J. S.	3 toschart	ASSISTANT MEDICAL E	- /2.	-15-59			
220	BURIAL, CREMATION, 226, DATE THEREOF	22c. NAME OF CEMETERY OR C	REMATORY	22d, LOCATION (City, town, or co	ounty) (State)			
T	RANS. & BURIAL 12/16/5	9 HILLSIDE CEMET	ERY	FULLERTON, LEHI	GH COUNTY. PA.			
23.7	FUNERAL DIRECTOR'S SIGNATURE ARNER E. PUMPHREY, INC	. SILVER SPRING,	MD. 240. REC'D	BY REGISTRAR 24b. REGISTRA	AR'S SIGNATURE			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIF	CAIL	U	DEALL

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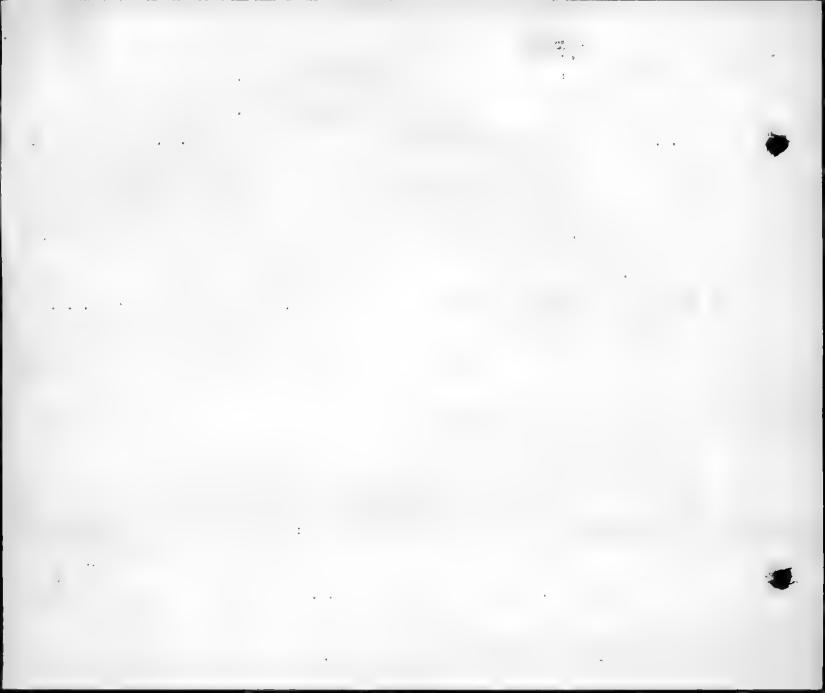
	13907
PLACE OF DEATH	
a. COUNTY	Country

Reg. Dist. No.

	n PLACE OF DEATH o. COUNTY Montgomer	y County		MAR	YLAND	2 USUAL RESIDENCE OF STATE Washing	gton,	D.C.	b. COUNTY	on: Residence b	efore od	mission)
	b. City OR TOWN (II RURAL and give ne	b. CitY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								lown)		
	Rural Bethe	esda, Md.		88 days	3	/Washin		D.C.				
/	d. NAME OF HOSP T. OR INSTITUTION U.S.Naval	At (If not in hospital, 9 Hospital,	ive street od NNMC,	Bethesda	, Md	d. STREET A 5215 M		usetts	Ave. N	.W.	QI	RESIDENCE N A FARM?
	3 NAME OF DECEASED (Type or print)	Leslie Fin	s†	Tracy		AGER	t	4. DATE OF DEATH	Decemb		Day	Yeor 1959
	S. SEX	6. COLOR OR RACE	7. MARRIEI	DE NEVER MARR	ED 🔲	B. DATE OF BIRT	_	9. /	GE (In years	IF UNDER 1 Y		
	Male	Cau	WIDOWED	DIVORCE	D	August :	27 189) 0	69 yrs.	Months Do	ys Ho	urs Min.
	during most of work Medical Do	ing life, even if retired)		Medical	OR INDUS		ACE (Stote o		γl			tates
	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME		1		
	John A. G	lager				Luell	a Trac	у				
	S. WAS DECEASED EVER	R IN U. S. ARMED FOR		OCIAL SECURITY NO). H	NFORMANT			Add	ress		
		st & 2nd W		Jnknown		Josephin	e C. G	ager 5	215 Ma	ss Ave,	W.D	.C.
	PART I. DEA' Cond tons, if or gove rise to ir couse (o), storing I lying couse lost.	nmediole (Bu	ph	· gra	a (o	leiae	continue of the second	(unin)	30	NO DEATH Cays
<u>)</u>	CATIC	ER SIGNIFICANT CONI								VEN IN PART 1(c	PE	AS AUTOPSY REORMED?
		S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20ы. DESCR	IBE HOW INJURY O	CCURRE), (Enter noture o	finjery in Pi	ort I or Port II c	of item 18)			
	20c. TIME OF INJURY Hour o. m. p. m.	19	While of work [URY OCCURRED Not while of work	foc	ACE OF INJURY (tory, street, office	bldg., etc.)		•	(Cou		(State)
ſ	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	James M. Y	12.29 OUNG 9	Jew LT MC USN	death	u.b. U.S.	2:53 Neval	Hospit Hospit	causes an city or town, al, Be	id on the d stote) thesda thesda,	Md. 12 Mar	ted abave. DATE SIGNED -25-59 yland
	220. BURIAL, CREMAT.OI BULLET	12-28-	57	Arlingto				Arlingt	on, Vi	rginia		Stole)
	23. FUNERAL DIRECTOR	10	4/e 00	ADDRESS	Avec	tr no		BY REGISTRAR		STRAR'S SIGNA		
	De Vol Fune	ral Home 5	CC4 W:	isconsin .	wid.	, W.DC.	DATEDEC	3 0 '59	- Un	CHANG 20, FV		

TO HOSPITALY A ATTENDING MINTILCIAM: The lam mapuims that the dimath certificate bin executed within 24 hours after death. Noge 4 may be refuled by the hospital or attending physician.

TO FUNERAL CARECTOR: After this certificate has been signed by the attending physician and completely filled the the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremotian, ar remayal, and in any event within 72 hours ofter death. VS A1S (4) 1SM 9/SB



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by the hospital or attending physician.	š	þ	무	
	4	be	egistrar priar ta burial, crematian, ar removal, and in any event within/72 hayrs diter death.	
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may be retain	D FUNERAL DIVICTOR: After this certificate has been signed by the ottending physician and completely filled in Example to the content of the complete of the content of the	page 3 should be detached far use as the burial-transit permit. Then please Finance arbon papers. Pages 1 and 2 shauld be filed with	the	

ARYLAND	STATE DEPART	MENT	OF I	HEALTH-BALTIMORE,	18
3833	CERTIFI	CATE (OF I	DEATH	Dan

	13833	CERTIFICA	ATE OF DEATH		Reg. Dist. No. 1	851
1.	PLACE OF DEATH O. COUNTY Montgemeny	MARTERNE	2. USUAL RESIDENCE (Where decease a. STATE Mary lan	ed lived. If institution b. COUNTY	m: Residence before adm	
	RURAL and give nearest flown)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If duiside care	*	JRAL and give negrest to	iwn)
	d. NAME OF HOSPITAL (If not in hospital, give street oddr OR INSTITUTION	· War	12905 Blicht	1 24	01	RESIDENCE LA FARM?
3.	NAME OF DECEASED (Type or print) Bertha	(N IN N)	Sartinhel 4. DATE OF DEAT	Mani H /2	/	Year 19 ≤ 9
5.	female white widoweds	NEVER MARRIED	B. DATE OF BIRTH 9-15-86	9 AGE (In years last birthday) 7 3 yrs	IF UNDER 1 YEAR IF UN Months Days Hau	
100	USUAL OCCUPATION (Give kind of work done 10b, KINI during most of working life, even if retired)	D OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote or foreign	cauntry)	12. CITIZEN OF WHA	
13.	FATHER'S NAME Kontorsky		14. MOTHER'S MAIDEN NAME			
	WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOC	IALISECURITY NO.	NFORMANT	Addre		
_	None	NONE	Son.	5'4.	מה בנדים	BOVE
<u>V</u>	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UCC Candilians, if any, which gove rise ta immediate cause (a), stating the <u>under-</u> lying cause last. PART IS. OTHER SIGNIFICANT CONDITIONS CONT	cordial information (School of the state o	left anterior de	corpra xending l	Heugh GREEN IN PART 1(0) 19 WA	s AUTOPSY
ATIC						FORMED?
CERTIFICATION	200. ACCIDENT WAS UNDERLYING [] 20b DESCRIBI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRE	D. (Enter nature of injury in Part 1 at Pa	ort (1 af item 18.)		
MEDICAL	20c TIME OF INJURY Manth, Doy, Year 20d. INJUR Hour a.m. While p.m. 19 at wark ☐		ACE OF INJURY (Hame, form, ctary, street, affice bldg., etc.)	ty ar town)	(Caunty)	(State)
	21. I certify that I attended the deceased	fram. 12-	14, 1959, ta 112-	(6, 1959	hat I last saw the	deceased
	alive an 12.59	2_, and that death		/	d an the date stat	
	ACTUAL SIGNATURE PHYSICIAN'S	<u> </u>	M.D. 931 Pershive	Drive, Jill	galgring	(d-16-59
22	INAME (Type) IN BURIAL, CREMAT ON, 226 DATE THEREOF 22	L. LIALIF OF PRINTERS	DR CREMATION 22d 100	ATION ICIN IS	and the second	4-4-3
9	REMOVAL (Specify) 17/17/59 /		EL CEM. DA	ATION (City, 15wn, a). /V- /.	tate)
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a REC'D BY REGI	STRAR 24b. REGIS	TRAR'S SIGNATURE	

arthur & Krous



A CA	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 GARFITT
11/	13834 CERTIFICATE OF DEATH Reg. Dist. No. 3 752
M)	1. PLACE OF DEATH o. COUNTY O STATE
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL end give nearest town ARC MA 36 days Reffice of Chapel Hill 70
17 "	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION WAShigngton SAN + HOSP. d. STREET ADDRESS ASTRICT ADDRESS ON A FARM YES NO EX
	3. NAME OF DECEASED (Type or print) BARBARA Wighton GARFITH DEATH 12-9 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH FEMALE AUCASIAN WIDOWED DIVORCED MAY 7-1884 9. AGE (In years lost birthdoy) 7. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Housewife Nebraska 12 CITIZEN OF WHAT COUNTRY?
	Donald Mc Guire 14. MOTHER'S MAIDEN NAME JANE DOCTOR
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT DESCRIPTIONS Address (Yes. no. or unknown) (If yes, give war or dates of service) Mes. Deskur Koe. 5357 Pockshill Rd Beskesd
	THE CAUSE OF DEATH [Enter only one couse for line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) VR. W.C. INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which) (b) Penal Shut down zwis
	gove rise to immediate couse (a), storing the under- lying couse lost. DUE TO COUSTINE Heart Farlure dury to Hurbon Trinsuia
£ ***	PART II. JOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? WAS UNDERLYING OF CONTRIBUTING TO DESCRIBE HOW NAURY OCCURRED. (Enter nature of injury in fort I or Port II of Item 18.) OR CONTRIBUTING TO DESCRIBE HOW NAURY OCCURRED. (Enter nature of injury in fort I or Port II of Item 18.)
	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of wo
	21. I certify that I attended the deceased from 12 4 3 , 19 59 to Welcoulty 9, 1959 that I last saw the deceased alive on heldlestic 9, 1959, and that death accurred at 340 M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED
,	SIGNATURE YOUTH RUSS OF THE M.D.
	PHYSICIAN'S EDWARD LEWIS JR., 5800 DEED AVE, 1JETHESDA, 19 220. BUR AL, CREMATION, 22b, DATE THEREOF. 22c, NAME OF CEMETERY OR CREMATORY 22d, 100ATION (City, town, or county). (Stote)
	220. BUR AL. CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. JOGATION (City, town, or county) (Stote) REPROVAL (Stope: 19) ALC. 14. 1959 22c. NAME OF CEMETERY OR CREMATORY WHITELE, 1950 23. FUNERAL DIRECTOR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24c. REC'D BY REGISTRAR'S SIGNATURE
	J. Withen Walters, 254 Canal W MV 40. DATE DEC 11 '59 Comment 8. France
1	



e. IS RESIDENCE ON A FARM? YES NO

1953

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

(County)

PERFORMED? NO N

DATE SIGNED

(Stote)

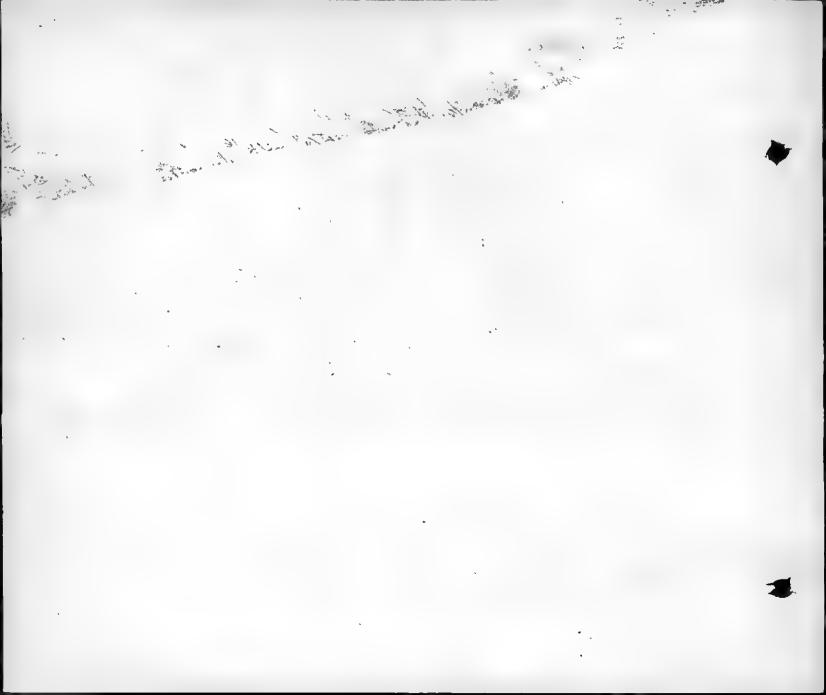
(Slote)

Rea. Dist. No

THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY Inquiry X, and find that death resulted from: Notural causes , Accident , Suicide XI, Homicide , Undetermined cause 22d. LOCATION (City, fown, or county) 24b. REGISTRAR'S SIGNATURE DEC 1 4 '59

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





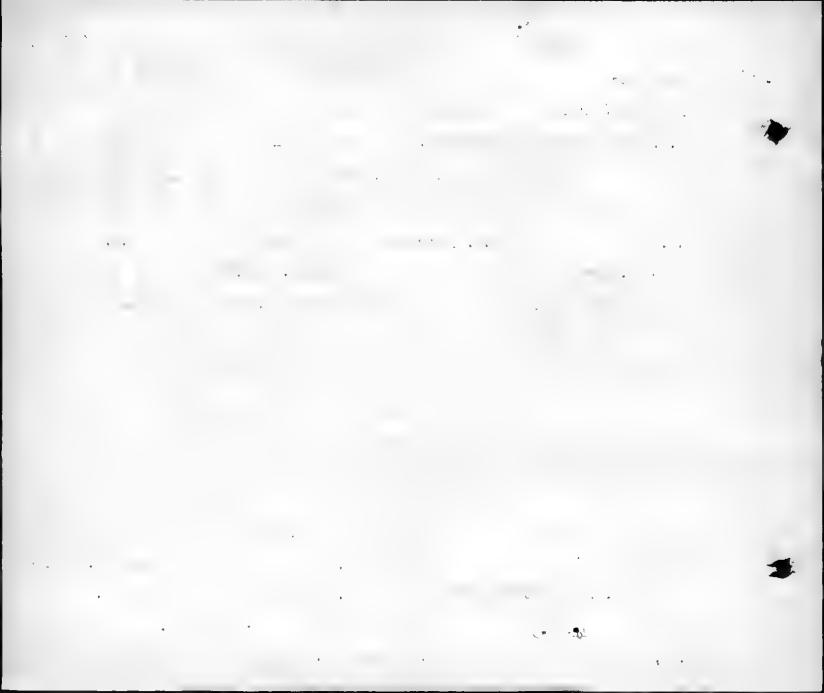


VS A1S (4) ISM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
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13910 CERTIFICATE OF DEATH

	o. County Montgomery	MARYLAND	o. STATE Florida	b. COUNTY	before admission)
	b. CITY OR TOWN (If autside carporate limits, write	c LENGTH OF STAY IN 16	+	side corporate limits, write RURAL and giv	ve negrest tawn)
	RURAL and give negrest town] Bethesda (Rural)	71 days	Patrick Air	Force Base 4 8	* **
	d. NAME OF HOSPITAL (If not in hospital, give street	address)	d. STREET ADDRESS	2 01 0 2000 17 11	e. IS RESIDENCE
	U.S. Naval Hospital, Beth	hesda Md.	1031 D ALA		YES NO X
	3 NAME OF DECEASED (Type or print) Frank	Middle Steffens	GRAFF	OF DEATH December	Day Year 16 19 59
	S SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH		YEAR IF UNDER 24 HRS
	Male White WIDOWE		10-29-01	58 yrs.	
	100. USUAL OCCUPATION (Give kind of work done 10b, during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Slote or	foreign country) 12.CITIZE	EN OF WHAT COUNTRY?
	U.S. Navy U.	.S. Government	Kentucke	y U.S	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	****	
	Joseph H. GRAFF		Helen L. S	TEFFENS	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give wer or dates of service)	SOCIAL SECURITY NO.	NFORMANT	Address	
	Yes WW I and II	(W	ife) Mildred C	. Graff Same as	#2
	1B. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the under DUE TO	7 1 -	metosto	ema	INTERVAL BETWEEN
5	lying cause last. (c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	al disease condition given in part	1(o) 19. WAS AUTOPSY PERFORMED? YES A NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D (Enter nature of injury in Po	rt I ar Part (I af item 18)	
	20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour a. m. 19 while at wart	Nat while fac	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City or town) (Co	unty) (Stote)
	21. I certify that I attended the decease	ed from 6 Octobe	r , 19 59, to 16	December 159 that I last	saw the deceased
	alive on 16 December 19	59, and that death		Mfram the causes and an the	
		1/-10		DDRESS (Street, city or town, state)	DATE SIGNED
	SIGNATURE DOUG OR K	Kou,	M.D. U.S. Naval	Hospital, Bethesda	Md. 12-16-59
*	PHYSICIAN'S D.R. KOTH LCDR MI	C USN	U.S. Naval	Hospital, Bethesda M	/d.
	220 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12-18-59	zzc. NAME OF CEMETERY O Arlington, Na		nd. LOCATION (City, town, or county) Arlington Va.	(State)
	23 John A. Pumphrey 7557 Wiscon	nsin Ave. Bethe		BY REGISTRAR 246. REGISTRAR'S SIGN CC-2 1 '59 Arthur B	

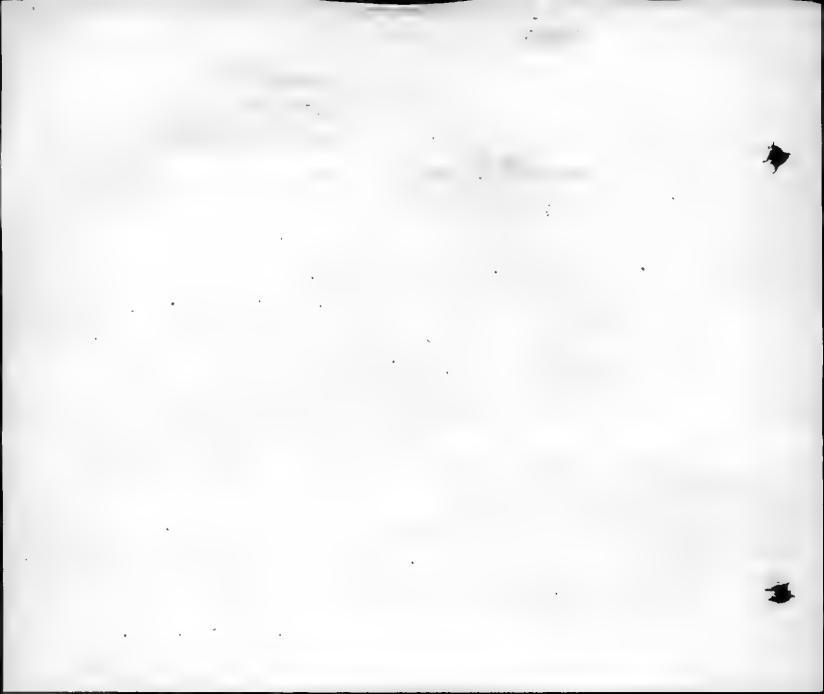


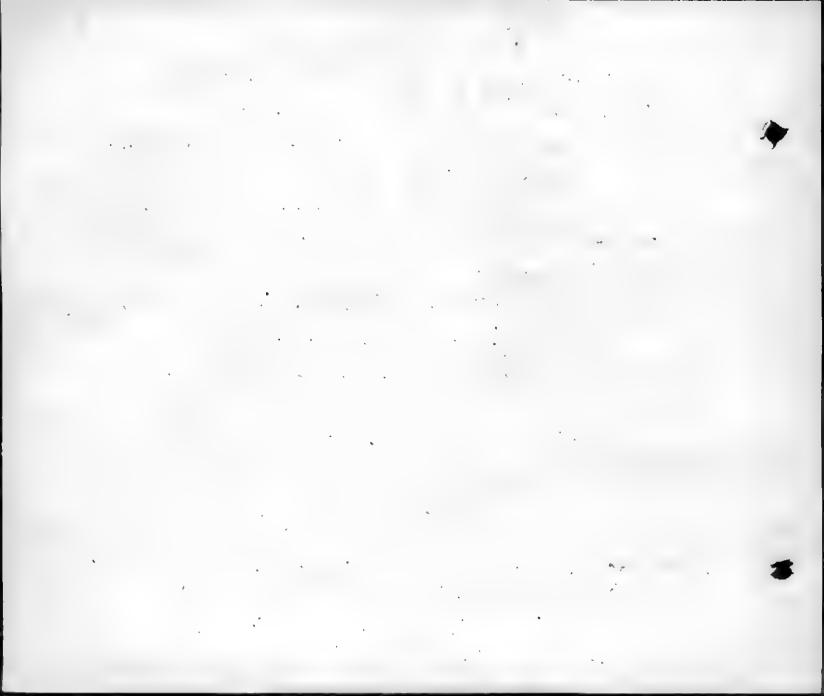
VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3835 CERTIFICATE OF DEATH

13835

		PLACE OF DEATH COUNTY Manthamas MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATE b. COUNTY
		b. CITY OR TOWN (If outs de proporate limits, write RURA, and give nearest town)	c. CITY OR TOWN (Woutside gorporate limits, write RURAL and give nearest town)
	<u> </u>	JARONIA FIRER 44RS 10MB 5 day d. NAME OF HOSPITAL (If not in hospital, give street address)	Summit 67x
		MASSIMATEN JANE HOSPITEL	Suburban Hotel ON A FARM?
		NAME OF DECEASED (Type or print) E. Norma R. Graham	7 P Last 4. DATE Month Day Year OF DEATH 13 5 1959
	5.	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED TEMPLE WIDOWED DIVORCED	27
	10a	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13.	MARCIAS DIE!	14. MOTHER'S MAIDEN NAME Saputa Abachego
)15. (Y•	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	hit Chart of Wash Sav & Hosp.
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	INTERVAL BETWEEN INTERVAL BETWEEN ONSET AND DEATH CUSCOUL CUSCO
	MEDICAL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	MED	p. m. 19 at work at work	octory, street, affice bldg , etc.)
		21. I certify that I attended the deceased from alive an 12-3-1, 1939, and that deat ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) ROBERT A. HOURE	th accurred at 2 Pa.M., from the causes and on the date stated abave. ADDRESS (Street, city or town, state) M.D. 7600 Carrell acquired Tak Park, Med. 12/5/5
	22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CREMOVAL (Specify)	
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	morial Cem. Lexington Va.
		SH. Hines Es 2901-14 St. n.	DATE DEC 8 '59 Cotton 8 to 11





VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13912 CERTIFICATE OF DEATH

13859

a. COUNTY Mon	tgomery	MARYLAND	a. STATE Maryla	h con	NTY Montgomery
b. CITY OR TOWN RURAL and give	(If outside carporate limits, write	5 days		outside carporate limits, wr	ite RURAL and give nearest town)
OR INSTITUTION	ITAL (If not in hospital, give street urban	A	d. STREET ADDRESS	endon Road	e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	Elizabeth	Middle Perry	Griffith		Manth Day Year 12/10 19 50
5 SEX Female	6 COLOR OR RACE 7. MAR		8. DATE OF BIRTH 2/17/70	9 AGE (In ye last birthdo	
10a USUAL OCCUPAT	ON (Give kind of work done 10b.		STRY 11. BIRTHPLACE (Slot Marylan	e ar foreign country)	12.CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Richar	d H. Perry		XXXXXX	Margaret Wa	aters
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.	one	RTORMANT 'S. J. H. Lit		Address Ridge Rd. Beth
PART I. DE	immediate (b) (c)	relial a	Nerio sol	eller i	ONSET AND DEATH
20g. ACCIDENT W	AS UNDERLYING 20b DAS	CRIBE HOW INJURY OCCURRE	Q_1	•	YES NO
20c. TIME OF INJU	While	£-	ACE OF INJURY (Hame far ictory, street, affice bldg., e		(County) (State)
21. I certify olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATI BUTTAL Specify	hat I attended the decease	and that death		M, from the causes ADDRESS (Street, city) or to	wn, ar county) (State)
-		Monocacy Co		<u> </u>	le, Maryland
Robert A		ADDRESS Sethesda. Mai	rvland 240. REG		REGISTRAR'S SIGNATURE



1309-N.ST.N.W.-

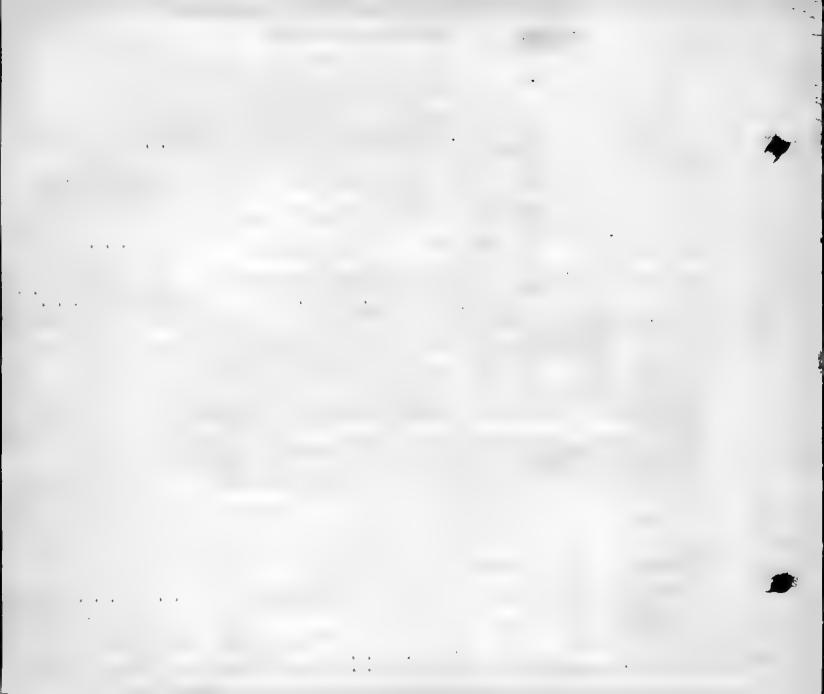
MASHINGTON

COMPANY

HYSONC

DEC 2 2 '59

DATE



13913	CERTIFICATE	OF DEATI

13261

ł			CERTIFICA	AIE OF DEATH		Reg. Dist. No. 1000 L
	1. PLACE OF DEATH o. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (Who		ni Residence before admission) Montgomery
I	b. CITY OR TOWN (I RURAL and give no	If outside corporate limits, writed rest tawn)	ite c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside corporate limits, write Rt	JRAL and give nearest town)
		vy Chase	12478.	× Chevy	Chase	
	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give st	reet address)	d. STREET ADDRESS		u. IS RESIDENCE ON A FARM?
I	7,00	<u>Underwood</u>	St.	1 4005 T	Inderwood St	YES NO F
ı	3. NAME OF DECEASED	First	Middle	Losi	4. DATE Moni	
	(Type or print)	Dora	Albaugh	Hale	DEATH DOCE	
	female	i white	AARRIED NEVER MARRIED NOWED DIVORCED	Oct. 4, 186	lest hirthdowl	Months Days Hours Min.
	10a. USUAL OCCUPATION during most of work	ON (Give kind of work done king life, even if retired)	106. KIND OF BUSINESS OR INDU		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
١	homem		own home	Ohio		U.S.A.
ı	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
		nin Albaugh			la Mendenha	
1	15. WAS DECEASED EVE [Yes, no or unknown) NO	R IN U. S. ARMED FORCES?	HINK drumt !	Mrs. Sarah S	Sutton Chave	Underwood St.
1		ATH [Enter only one couse p	******	A D O DEL COL	surfoir Chevy	Chase Md.
ı		TH WAS CAUSED BY:	•	ascular acci	dont	ONSET AND DEATH
ı	hophin .	IMMEDIATE CAUSE (a) DUE TO	Calcaptor-As	ASCULAR ACCI	пенс	o days
	Conditions, if a	mu sublah Y	Chronia m	vocarditis		Over 30 v
ł	gove rise to i	mmediate Dus To	OTTO THE	OUALULUIS		UVAP 3U V.
Ì	Lying couse lost	(c)				
	PART II. OTI	HER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	THE EITHER, NOTIFY	AS UNDERLYING (1) 206. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort t or Part II of item 18.)	
	20c. TIME OF INJUI Hour o. m.	W	Od INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f. (City or tawn)	(County) (State)
	21. I certify th	nat Lattended the dec	eased from Jan 2	19/17 to T	DAC 27 1950	,that I last saw the deceased
ı	olive onDe	A 19				nd an the date stated above.
ı	,				ADDRESS (Street, city or town,	
	SIGNATURE A	atharine l	Chapman	MD 3924 Ba]	timoreSt	~~~~~
	PHYSICIAN'S KE	atharine A.	Chapman, M.D.	Kensingt	on. Md.	
		N. 226. DATE THEREOF	22c. NAME OF CEMETERY O		22d LOCATION (City, town, o	r county) (State)
	Trans. Bur		West Milton	cemetery	West Milton	Ohio
	23 FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	24a. RECH	LEY REGISTRAR 246 REGIS	TRAR'S SIGNATURE
	Robert A.	Pumphrey,	Bethesda, Mar	'yland DATE		rethur S. Throng

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be readed by the hospital or attending physician.

TO FUNERAL PRECTOR: After this certificate has been signed by the attending physician and campletely filled. The funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 mas should be filed with the registrar priar to burial, crematian, or remanal, and in any event within 72 mans after death. VS A15 (4) 15M 9/S5

M



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13914

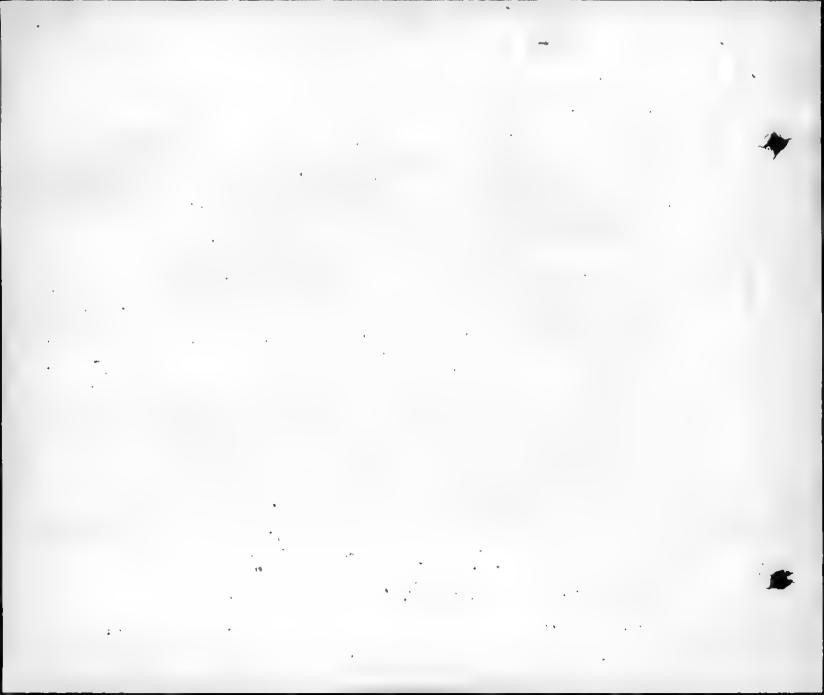
CERTIFICATE OF DEATH

13862

3. NAME OF DECEASED [Type or print] ADATE Manth OF DECEASED ADATE Manth OF DEATH ADATE	MONT GONE REPARLED ON A FARM? YES NO PROPERTY OF WHAT COUNTRY CANADA MINISTON RIP INTERVAL BETWEEN
b CITY OR TOWN (If autside carporate limits, write RUR RURA) and give neurent lown) Court	ON A FARM? YES NO S Day Year 19 / FUNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs Min. 12. CITIZEN OF WHAT COUNTRY CANADA BETHL SIA ANNISTON RI INTERVAL BETWEEN
OR INSTITUTION 3. NAME OF DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 100 USUAL OCCUPATION (Give kind of work dane) 101 USUAL OCCUPATION (Give kind of work dane) 102 USUAL OCCUPATION (Give kind of work dane) 103 USUAL OCCUPATION (Give kind of work dane) 104 USUAL OCCUPATION (Give kind of work dane) 105 USUAL OCCUPATION (Give kind of work dane) 106 USUAL OCCUPATION (Give kind of work dane) 107 USUAL OCCUPATION (Give kind of work dane) 108 USUAL OCCUPATION (Give kind of work dane) 109 USUAL OCCUPATION (Give kind of work dane) 100 USUAL OCCUPATION (Give kind of work dane) 101 USUAL OCCUPATION (Give kind of work dane) 102 USUAL OCCUPATION (Give kind of work dane) 103 USUAL OCCUPATION (Give kind of work dane) 104 USUAL OCCUPATION (Give kind of work dane) 105 USUAL OCCUPATION (Give kind of work dane) 106 USUAL OCCUPATION (Give kind of work dane) 107 USUAL OCCUPATION (Give kind of work dane) 107 USUAL OCCUPATION (Give kind of work dane) 108 USUAL OCCUPATION (Give kind of work dane) 109 USUAL OCCUPATION (Give kind of work dane) 100 USUAL OCCUPATION (Give kind of work dane) 101 USUAL OCCUPATION (Give kind of work dane) 102 USUAL OCCUPATION (Give kind of work dane) 103 USUAL OCCUPATION (Give kind of work dane) 104 USUAL OCCUPATION (Give kind of work dane) 105 USUAL OCCUPATION (Give kind of work dane) 106 USUAL OCCUPATION (Give kind of work dane) 107 USUAL OCCUPATION (Give kind of work dane) 108 USUAL OCCUPATION (Give kind of work dane) 109 USUAL OCCUPATION (Give kind of work dane) 100 USUAL OCCUPATION (Give kind of work dane) 100 USUAL OCCUPATION (Give kind of work dane) 101 USUAL OCCUPATION (Give kind of work dane) 102 USUAL OCCUPATION (Give kind of work dane) 103 USUAL OCCUPATION (Give kind of work dane) 104 USUAL OCCUPATION (Give kind of work dane) 105 USUAL OCCUPATION (Give kind of work dane) 106 USUAL OCCUPATION (Give kind of work dane) 107 USUAL OCCUPATION (Give kind of work dane) 108 USUAL OCCUPATION (Give kind of work dane) 109 USUAL OCCUPATION	ON A FARM? YES NO Day Day YEO 195 FUNDER I YEAR IF UNDER 24 HRS Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY CANADA SETH (SDA ANNISTON RI INTERVAL BETWEEN
DECEASED (Type or print) (Type or prin	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs Min. 12. CITIZEN OF WHAT COUNTRY CANADA BETHL SIA ANNISTON RI INTERVAL BETWEEN
DIVORCED S-21 - 190 Strictory S-21 - 190 S-21	Months Days Haurs Min. 12.CITIZEN OF WHAT COUNTRY CANADA GODFREY BETHL SDA ANNISTON RI INTERVAL BETWEEN
DUTTSH CONDOIN ENGLAND 13. FATHER'S NAME A. MOTHER'S MAIDEN NAME A. MOTHER'S NAME A. MOTHER'S NAME NAME A. MOTHER'S NAME NAME A. MOTHER'S NAME NAME NAME A. MOTHER'S NAME NAME NAME NAME NAME NAME NAME A. MOTHER'S NAME NAME NAME NAME NAME NAME NAME NAME	CANADA GODFREY BETHLSDA ANNISTON RI
TENRY DEARY ROSS LILIAN CATHARINE 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (NIECE) Address (Yes, no, or volanown) (If yes, give war or declass of service) B CAUSE OF DEATH [Enter only one cause per line for, (a), (b), and (c).] PART I. DEATH WAS CAUSED BY (Select 1/2ed Carcinomia 1/5/15 1/2ed 1	9 ANNISTON RI
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (NICC) Address (If yes, give war or defees of service) 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY (SCHER'S) IZEC CAYCIVIONIS 15515 IIP 12517 TO IVE Canditions, if any, which gave rise to immediate couse (o), stoting the underlying couse lost. Part II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	9 ANNISTON RI
PART II. DEATH WAS CAUSED BY SELECT TIZED CAYCLINGTO TO TOSIS THE TOSIS TO THE TERMINAL DISEASE CONDITION GIVEN PART II. DEATH WAS CAUSED BY SELECT TO THE TERMINAL DISEASE CONDITION GIVEN PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	
Canditions, if any, which gave rise to immediate couse (a), storing the underlying cause lost. Part II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	V Shirt IS
gave rise to immediate couse (a), stoting the under lying cause lost. Continue Part OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	Buears
	Y IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While Not while of work of wo	(Caunty) (State
21. I certify that I attended the deceased fram ATFI . 1954 to Decease T . 1954, the	nat I last saw the decease
ACTUAL SIGNATURE TO GET LUTTE M.D. 70/ SWINT FOR MILL	
PHYSICIAN'S C. ROGER KUTTZ MD, Mash 8, D.C.,	
226. BURIAL CREMATION 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or REMOVAL (Specify) Pine Hills Cemetery Toronto C.	
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bethesda, Maryland DATDEC 10'59 Cuth	county) (State)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be ref. It by the haspital ar attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled is 3 the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/58



FOR STATE HEALTH DEPT.

I

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute "entificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the functal director. Page 4 should "commanded to the Chief "adical Examiner's Office along with form PM3. Page 5 may be rely for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Size Board of Health, an iss designated agent, prior to burial, cremation, ar removal, and in any experimital? I hours after death.

VS A15ME BM 2757

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

•		Part of	3	8	6	3
ets.	Po.1 . 6	6.1				

L.		13014	ltem	7 Film G253	12	-17-59 et			Reg. D	ist. No.	
1.	PLACE OF DEATH				2	USUAL RESIDENCE	Where decer	sed lived. If inst	litution- Resid	ence before	odmission)
	o. COUNTY	MONT GOMER	Y	MARYLAN	Б	o. STATE Mar	yland	b COU	NTY Ba	Ltimo	re
1	CITY OR TOWN III	outside corporate limits, wells	E HATE &	LENGTH OF STAY IN T	ь	c. CITY OR TOWN (If outside co	rporote limits, wr	ile RURAL one	d give neore	st town)
	Be	thesda Nava	al Hosp			Bal	timor	re.	#º	,	
		AL OR INSTITUTION (, give street address)		d STREET ADDRESS			- '		IS PESIDENCE
	Ве	thesda Nava	al Hosp			8 W	. Jef	fery S	treet		ON A FARM?
	NAME OF DECEASED	First	19	Middle		Lost	4. DATE	Mo	onth	Day	Yeor
	(Type or print)	Eddie		Roy		Harris	DEATH	Dec.	9		19 59
5. :	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. D.	ATE OF BIRTH		9 AGE (In years lost birthday)			UNDER 24 HRS
I	Male	White	WIDOWED [DIVORCED [8/	25/1907		52 m		T4 Ho	wn Min.
10a	USUAL OCCUPATIO	N (Give kind of work	done 10b, KIND	OF BUSINESS OR INDE	JSTRY	11. BIRTHPLACE (Stot	e or foreign	country)	12 CIT	ZEN OF WI	HAT COUNTRY
Ľ	during most of working Welder					North	Caro]	lina	US	6A	
13.	FATHER'S NAME			***************************************	114	. MOTHER'S MAIDEN	NAME	٠ مرتور			
	Robe	rt Harris				Bessie	Roger	'S			
15.	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. SOC	TAL SECURITY NO. 17	UNFO	RMANT		Addre	M2		
Ev.	NO. er enknawn)	(If yes, give wor or dates of	901.01C0]			Family		Same	e.		
-		'H [Enter only one cou	nsa per line for (ol. (b). and (c).]						INTERVALI	ETWIE's
	PART I. DEAT	H WAS CAUSED BY-	F	man C	70	clusion				ONSCLAN	D DEATH
	420.1	IMMEDIATE CAUSE (o)	-00	7 7 0							
	,	DUE TO									
	Conditions, if or gave rise to immed	inte couse				· · · · · · · · · · · · · · · · · · ·					
	(o), stating the u										
	couse lost.) (c)		DIRECTOR TO BOTH THE BOTH	7						
CATION	PART II, OTH	EK SIGNIFICANT CON	DILION2 CONTI	UBUTING TO DEATH BU	INOI	KELATED TO THE TERM	MINALDISEA	SE CONDITION C	SIYEN IN PAR	PI	ERFORMED?
										YES	□ №□
CERTIF	PRIMARY G or CON CAUSE OF DEATH.	TRIBUTING []	b DESCRIBE HO	W INJURY OCCURRED	(Ente	r noture of injury in Pa	attor Portl	I of item 18.}			
3	20c. TIME OF INJUR	Y Month, Doy, Yee	of 20d INJU	RY OCCURRED 20e P	LACE	OF INJURY (Home, for	m, 20f. (Cil	ly or town)	(Co	unly)	(Stote)
MEDICAL	Hour o.m.	19	While of work	Not while 10	встогу,	street, office bldg., et	c.)				
		at I toak charge		ains described al	oove	held an Autap	sv D.	Inspection Z	Inquit	v Z	and in my
		resulted from: 1			-				termined i		·
	ACTUAL /	12 A	. Bull	9			_			D4	TE SIGNED
	SIGNATURE	form	. ,		A	LD. CHIEF MEDICAL E	-				
	EXAMINER'S	/				ASSISTANT MEDIC	CAL EXAMIN	ER 🗌	00		.10
	NAME (Type)	John G.			_	DEPUTY MEDICAL	L EXAMINER,		The	c.19	24
220	REMOVAL (Specify)	N 725 DATE THEREO	/59 720	Name of Cemetery (72d LOC	Siler		,	(Stole)
23.	FUNERAL DIRECTOR		1 //	ADDRESS			D BY REGIS		GISTRAR'S SIG		
	mcCully Fu	neral Home	s 130 E	. Fort Ave.		DATE	EC 1 1 '5	9 C	rthug S.	Krassa	
-						MAIL					



12040 CEDTIEICATE OF DEATH

9	1	3	8	6	4
3-					

1 1			1331	D	CERT	IFICA	IE OF L	ZAII	1		Reg. Di:	st. No.	
1)	1.	PLACE OF DEATH					2. USUAL RESID	DENCE (Wh	ere deceosed			ce before adm	nission)
	· `		ntgomery		MAR	YLAND		irgini	ia.	b. COUN	Arlin	gton	ab*
		b. CITY OR TOWN (If RURAL and give nea	outside corporate limit	ls, write	c. LENGTH OF STAY	IN 1b				ole timits, wri	e RURAL and		wn)
		Be	thesda		27 days		A.	rlingt	on	ν_	3		
THE .		d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	ive street	oddress)	1	d STREET A	DDRESS				e. IS	RESIDENCE I A FARM?
1		The Clinic	al Center,	Bet	nesda lli	Md.	49	916 35	th St	reet, 1	North		D NO D
		NAME OF DECEASED	Fire		Middle		Los		4. DATE OF		Month	Day	Year
		(Type or print)	Lawren		Stone		Haseltin		DEATH		ember	1	1959
	5. 5	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED 🔁 │8	DATE OF BIRTH	-1	1	9 AGE (In ye lost birthda	y) Months	Days Hour	
		Male	White	WIDOWI	ED DIVORCE	D []	23 July	y 194'	7		yrs	Duys 11001	I WUIT
	10a	USUAL OCCUPATION during most of working	N (G ve kind of work on ng life, even if retired)	dane 10b.	KIND OF BUSINESS O	OR INDUST	RY 11. BIRTHPL	ACE (Stole	or foreign co	untry)	12,CIT	ZEN OF WHA	
		Student			None				gton,	D.C.		U.S.A	•
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
		Nathan	S. Haselti	ne			Em	ily C	levong	er			
	\ 5.	WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO). IN	FORMANT				Address		
)"	_no	Lev Aug men or on or ot h		None	Th	e Clinic				sda 1h	Maryla	and
	7		H [Enter only one co	use per li	ne for (o), (b), and (c)		0 02 22 12	004_0	V-1004	200110	244	INTERVAL	
		PART I. DEAT	H WAS CAUSED BY:									ONSET AN	ND DEATH
		224X	IMMEDIATE CAUSE (o DUE TO)	Cardiac A	rrest							
		Conditions, if on	y, which) (b)		Pheochrom	ocyto	ma.					2 .	vears
		gave rise to im	mediale (-		******							
		couse (o), stating the lying couse lost.	(c)										
	O	PART II. OTHE	R SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THETERM	NAL DISEASE	CONDITION	GIVEN IN PAR	7 1(o) 19. WA	S AUTOPSY FORMED?
Jc.	CATI												NO [
	CERT FI	200 ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	JNDERLYING	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture o	finjury in F	ort I or Part	II of item 18.)		
				-		1							
	MEDICA	20c. TIME OF INJURY Hour o. m.	Month, Doy, Yes	or 20d. II While	NJURY OCCURRED Not while	20a. PLAS	CE OF INJURY (I bry, street, office	Home, form blda . etc.	, 20F (City	or town)	{<	County)	(State)
	ME	p m.	19		k at work		,		1				
		21. I certify the	at Lattended the	decens	ed fram_Nov	ember	1 1050	to Dec	rember	7 10	5Othat I la	et cow the	deceased
		alive anDec		, 19_									
		dive dir	GIIDEI I	-, 12-	5.7, gila illai	ueum	occurred di_			eet, city or to			eu apove. ATE SIGNED
		ACTUAL Y	ere Gra	- 1	. (/2				•	,	wii, 21010]	20/2	/59
		SIGNATURE 100	no recel	esper	e jer	M	D. The C.	Linica	1 Cen	ter		75/7	127
		PHYSICIAN'S NAME (Type)	Louis Gille	espie	Jr. M.D.		Natio: Bethes				Health		
	220	BURIAL, CREMATION	22b. DATE THEREO	F	22c. NAME OF CEM	FTFPY OP		- The series and and -	7		vn, ar county)	(5	lote)
		REMOVAL (Specify)	10 1 -0					du 140 m				(3	,
	23	Cremation			Cedar				Su:	itland,	MC. EGISTRAR'S SK	CALATIME	
	"Ī	FUNERAL PIRECTOR'S	al Home,	2847	Wilson B	lvd.	,			59 248. 8	arthur	8. Thank	
	I	3y: (1/1/1/	Tracel		Arlington,	Va.		DATE L		-			

TO HOSPITALOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be refer by the haspital or attending physician.

TO FUNERAC PIRECTOR: After this certificate has been signed by the ottending physician and completely filled the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remain appears. Pages 1 and 2 should be filled with the registrar prior to buriol, cremation, ar remayol, and in any event within 72 haurs ofter death

VS A15 (4) 15M 9/5B





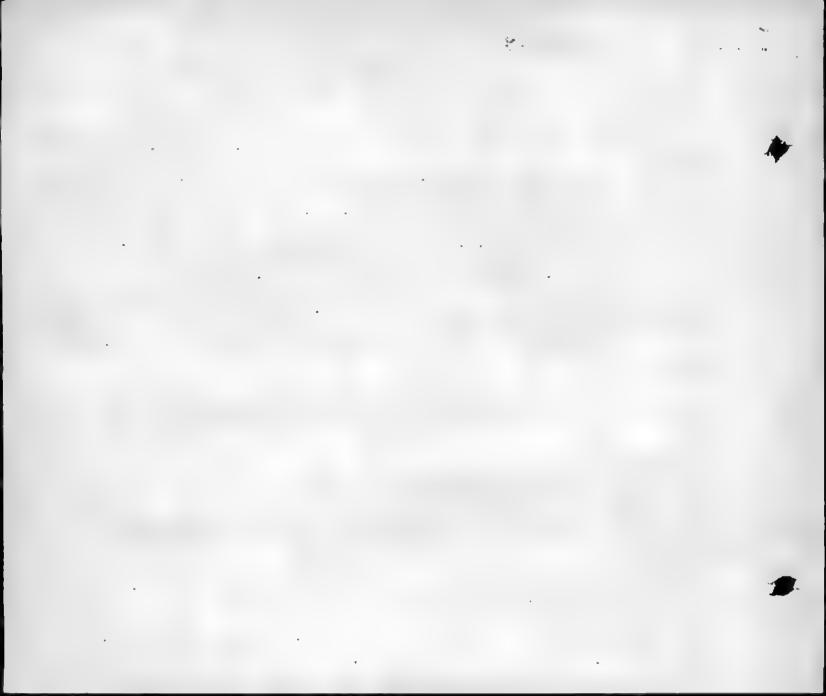
VS. A15ME(5) 5M 9/55

	1	
ctor. Page 4 shauld be		cremation,
		=`
Page		burial
오		=
8	.4	priar
	1	0
7	4	4
1, 2, and 3 to the funeral dector.	may be retained far yaus	I and 2 with the registr.
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ive Pages 1	Page 5 m	File pages
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10		

MARYLAND ST				
13918MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	

13866

1. PLACE OF DEATH						,		ed lived. If in			•
130	ntgomer		MARYI		o. STATE	Maryl	.and	ь. соц	MOI MOI	ntgor	nery
b. CITY OR TOWN (If outside ond give nearest town)	corporate limits, write	RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR	TOWN (IF	outside corp	oorate limits, w	rite RURAL o	and give ne	orest town)
Betheso					X	Bet	hesd	a			
d. NAME OF HOSPITAL O			lal, give street address)	d. STREET	ADDRESS					e. IS RESIDENCE ON A FARM?
8300 Til	bury St	reet				830	O Ti	lbury	St.		YES NO K
3. NAME OF DECEASED	First		Middle		Los		4. DATE OF	M	onth	Day	Year
(Type or print)	HAROLD		C.		IGHAM		DEATH	Dec.			1959
	COLOR OR RACE	7. MARRIED	NEVER MARRIED	8	DATE OF SIRTH	1		9. AGE (In year)	Months Months		Hours Min.
	FEE ALL CAN	WIDOWED [_ 1	eb. 18		04	55 y		LOJ.	riddis imin.
10a. USUAL OCCUPATION (C during most of working life	ive kind of work do , even if retired)	one 10b, KIN	ID OF BUSINESS OR II	NOUSTR	Y 11. BIRTHPL	ACE (Stote	ar fareign c	ountry)	12. C	ITIZEN OF	WHAT COUNTRY?
Draftsman	•	U.	S. Gov't		Net	v Yor	`k			U.S.	
13. FATHER'S NAME					14. MOTHER'S						
Willi	am H. H	eigha	am			Ella	A. I	ttner			
15. WAS DECEASED EVER IN	U. S. ARMED FOR		CIAL SECURITY NO.	17. IN	FORMANT T	Wife		Addi	915		
No		U	nknown	Se	rah M	. Hei	gham	\$	ame	as It	tem #2
18. CAUSE OF DEATH		per line for	(o), (b), and (c).]			-				INTER	AL BETWEEN AND DEATH
PART I, DEATH W.	AS CAUSED BY: DIATE CAUSE (o)		Coronary	Occ	lusion	n					udden
420.1	DUE TO										
Conditions, if eny,											
gove rise to immediate (a), stating the under											
couse lost.	(c)										
Z PART II, OTHER SI	GNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH	BUT N	OT RELATED TO	THE TERMIN	NALDISEAS	CONDITION	GIVEN IN P	ART 1(o) 19	. WAS AUTOPSY PERFORMED?
8										Y	ES NO T
PART II, OTHER SI	AS 206	DESCRIBE H	OW INJURY OCCUR	RED. (En	ter noture of in	jury in Port	l or Port ()	of item 18.)			
20c. TIME OF INJURY	Month, Day, Year	20d. INI While		e. PLAC	E OF INJURY (i	Home, form,	20f. (City	or town)	{<	County)	(eto12)
Hovr e. m.	19	of work	Not while of work			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
21. I certify that	taak charge	af the re	mains described	abov	e, held on	Autapsy	1 1	spectian [k Inqu	iry 🔀	and find that
death resulted fra	n: Natural c	auses 🔀,	, Accident 🔲,	Suic	ide 🔲, H	lamicide	□, Ui	ndetermined	d couse [
1		0									
ACTUAL SIGNATURE	and l.	Bin	rhart		M.D. CHIEF N	EDICAL EX	AMINER 🔲				DATE SIGNED
					ASSISTA	NT MEDICA	L EXAMINE	R 🔲	Dec	. 3.	1959
EXAMINER'S RAME (Type)	RANK J.	BROS	CHART		DEPUTY	MEDICAL E	XAMINER [X		,	
220. BURIAL, CREMATION, 2 REMOVAL (Specify)	26. DATE THEREOF	27	C. NAME OF CEMETE	RY OR (REMATORY		22d. LOCA	TION (City, tow	n, or county)	(State)
Burial	12-5-59		Cedar Hil	1 (emeter	cv.	Pri	nce Ge	orge	Co.	_Md
23. FUNERAL DIRECTOR'S SIG			ADDRESS				BY REGIST	BAR 24b. RE	CISTRAR'S	SIGNATUR	
ROBERT A.	PUMPHR	E I	Bethesda	l, P	id.	DATE				a. (VV	



11/		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	13867
8 6 18		13 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No.
To l		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence by	before admission)
C.	" (Montgomery MARYLAND 0. STATE Md. b. COUNTY Mont	· a .
Ē	E	c. CITY OR TOWN (If outside corporate limits, write RURAL and give notiness form)	
		Olney, Md. 11 hrs. Silver Spring, Md.	
073	6	1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS	e, IS RESIDENCE ON A FARM?
0/5	L	Montg. County Gen. Hosp. Inc. 1307 Hornell Drive	YES NO
		NAME OF First Middle Lost 4. DATE Month Do	ry Year
		Type or print) Herman August Heine DEATH 12	8 19 59
	5. S		
	L	M WIDOWED DIVORCED //20/81/ /2 yrs.	Hours Mill.
	10o	luring most of working life, even if retired)	OF WHAT COUNTRY
-		Govt.Clerk-retired Illinois U.	S. A.
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
		Gotleib Heine Pauline Hoffman	
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address.	
		NO Hospital Records	
		100	TERVAL BETWEEN NSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Shock	12 hrs.
L m*		5 5 X DUE TO	
V		Conditions, if any, which to Thoracic hemorrhage gove rise to Immediate cause	
		(c), storing the underlying course tout. Crushed chest	
,	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	
à	CATION		YES . NO .
	CERTIFIC	206. EXTERNAL CAUSE WAS PRIMARY GOT CONTRIBUTING [20]	
		Driver of car involved in auto accident	
	CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(Stote)
13	MEDI	2:52 p. m. 12,1719 59 of work of work of work Highway Fulton Howard	Md.
		21. I certify that I took charge of the remains described above, held an Autopsy 🔭 Inspection 🗍, Inquiry	, and find tha
		death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause	
		1 . 0	
		SIGNATURE SANK 1. 13 archart M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
5		EXAMINER'S ASSISTANT MEDICAL EXAMINER	
		NAME (Type) Frank J. Broschart DEPUTY MEDICAL EXAMINER 12/1	8/59
5	220	BURIAL CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY (City, Jown, or county)	(Stote)
*	0	remarken Dec 21.1937 Sew Kinealy Harring make Triple Slige Co.	Mil
i}	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, RECHO BY REGISTRAR 246. REGISTRAR'S SIGNATI	URE
(X	SUMME WALLING JOST CHOVERY DU TON PEDEC 21 159 College &	



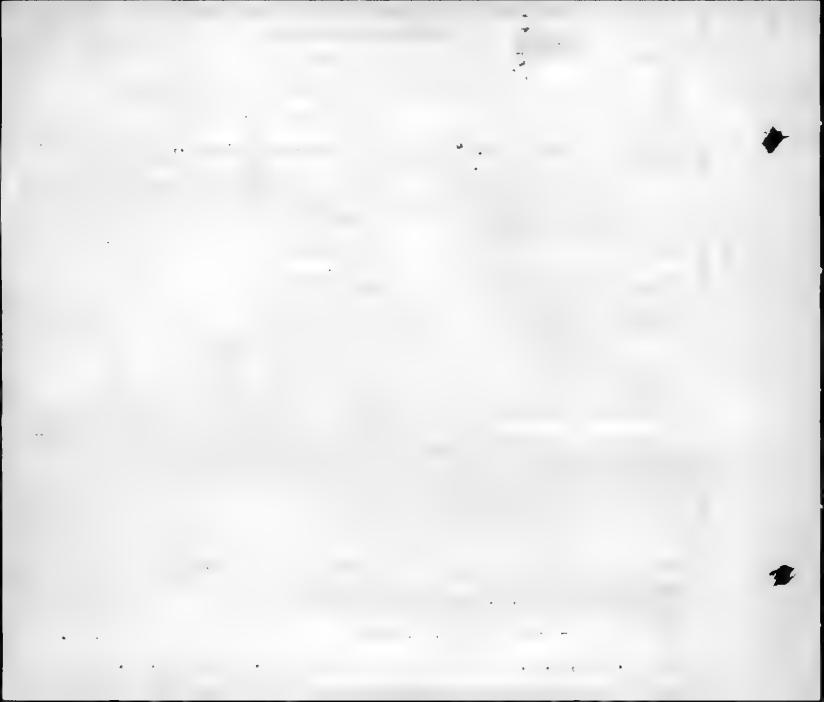
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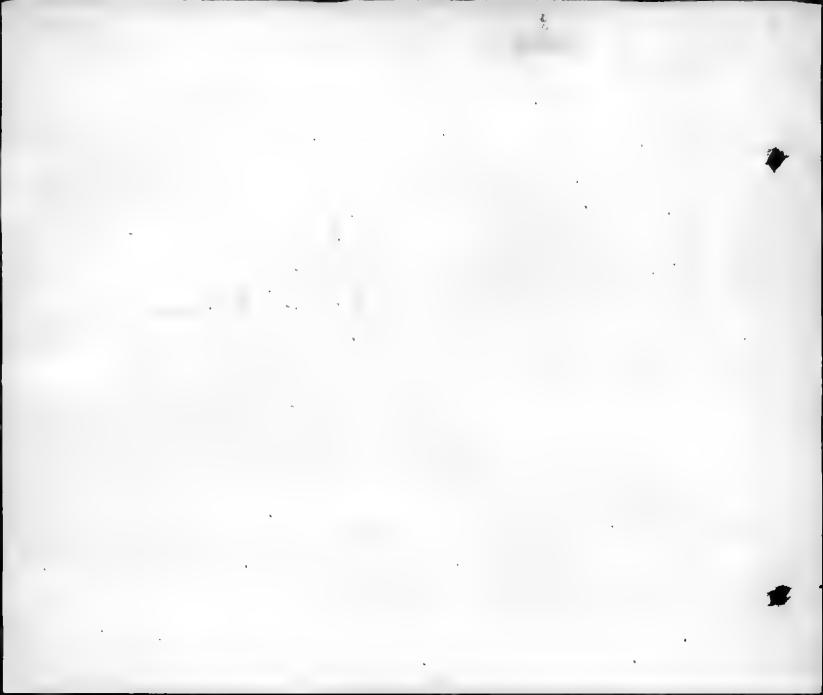
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

13920	CERTIFICA	ATE OF DEATH	R	eg. Dist. No.
o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where o. STATE DC	deceased lived. If institution b COUNTY	Residence before admission)
RURAL and give nearest fown) Silver Spring	c. LENGTH OF STAY IN 16	Washingt	de corporate limits, write RUR/	AL and give nearest tawn)
d. NAME OF HOSPITAL (1376 in hospital, give street of institution 930 weaver 1 The Althea Woodland	Street Nursing Hom	d. street ADDRESS 1661 Har	vard Street	N.W. e. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print)	Middle	Herman 4	DATE OF Month	9 1959
Male White WIDOWE	D DIVORCED	8. DATE OF BIRTH 10/26/79	last birthday) N	UNDER FYEAR IF UNDER 24 HRS Jonths Doys Hours Min.
	kind of Business or Indu adies Wear	Washingt	on, D.C.	U.S.A.
Abraham Herman		Amelia-Fish		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO.	Home Records		ver Street
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. While	RIBE HOWINJURY OCCURRED	NOT RELATED TO THE TERMINA (Enter nature of injury in Port ACE OF INJURY (Home, form, clary, street, office bldg., etc.)	I or Port II of item 18)	ONSET AND DEATH SECULO 19. WAS AUTOPSY PERFORMED? YES NO 12.
21. I certify that I attended the decease alive an Lee I 195 ACTUAL CULL AUDITOR OF HISTORY ACTUAL SIGNATURE COMMENTS SOME OF HISTORY AND COMMENTS SOME OF HISTO	To Vanda	M.D. 960/Colesvi Silve	, from the causes and opers (Street, city or town, sta	Dec 9-5
220 BURIAL CREMATION, 226 DATE THEREOF CREMOVAL (Specify) 12/9/59 23. FUNERAL DIRECTOR'S SIGNATURE	Fort Linco:		Prince Geor	







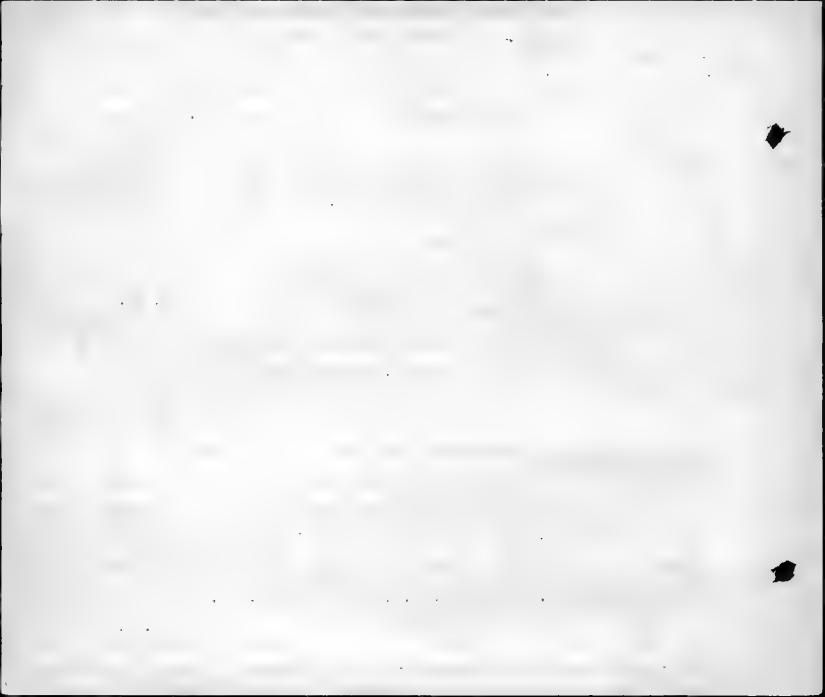
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13921

Reg. Dist, No.

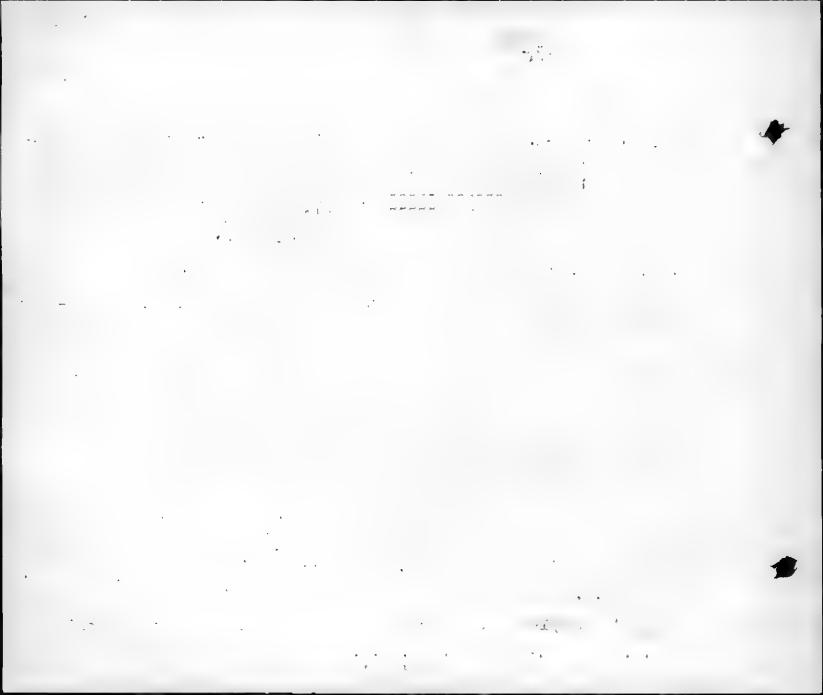
1. PLACE	o. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission))			
0. 00	Mo	ntgomery			MARYL	AND	D. SIAIE	Mary	land	ь. С	OUNTY	Pro	Georg	zes	_
ь. cit rui S	TY OR TOWN (IF RAL pnd give ned LLV CT	outside corporate lim prest town) Spring,	its, write	1	month		c. CITY OR 1						ive neares	t town)	
d. NA	AME OF HOSPITA	L (If nat in hospital,	nive street		MOH CH	10	d STREET A		Park	c, Fid				IS RESIDE	NCF
_OR	INSTITUTION	ardens N			nma				ris av	zanua				ON A FA	RM2
				118 110						enae				ES N	OX
3. NAMI DECE/ (Type	E OF ASED ar print)	MINNII			Middle		HOBBS 101	ì	4. DATE OF DEATH		Mani Dec	mber ember	21 Poy	Year	70
S. SEX		6. COLOR OR RACE	7. MARI	RIED NEV	VER MARRIED	П	B. DATE OF BIRTI	1		9. AGE (Ir	years	IF UNDER	YEAR IF	UNDER 7	4 HRS
fem	nale	white	WIDOW		DIVORCED		?			last bir	? yrs.	Months	Doys H	laurs	Min.
10o USU	AL OCCUPATION	N (Give kind of working life, even if retired	done 10b.	KIND OF B	USINESS OR	INDUS	TRY 11. BIRTHPL	ACE (State	or foreign o			12. CITI	ZEN OF V	WHAT CC	DUNTRY?
	ing more or work	Housewife		own h	ome		Oh	io				U	SA		
13. FATHI	ER'S NAME			OHLL 1	TOME		14. MOTHER'S		AME						
			П	knowr	1		Unk	nown							
16 MAC	DECEASED EVED	IN U. S. ARMED FOR		SOCIAL SEC		137 6	NFORMANT	HVIOIT			Addr				
		yes, give wor or dates of t		SOCIAL SEC	JURIT NO.		bell Ga	13	Readi	oury					
		no		none		ray	bell da		Draut	Jury	rair	C) PRU	•		
18.	CAUSE OF DEAT	H [Enter only and co	suse per li	ne far (a), (l	b), and (c).]								INTERV	AL BETW	EEN
l I .	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c	Ac	ute H	Heart	Fa	ilure						21	hou	
	DUE TO														
l c.	anditions, if an			ner r	TTYPY	io.	Unknov	m Co	1100				36	hou	32.5
go	ve rise to im	mediole (,	POT F	YI OA.	<u> </u>	OTIVITOR	ill Oa	use				1 30	nou	T.S
	ise (a), stating ti ng couse lost.	o under DUE TO	,												
		P CICALIFICA AIT COA		FAN ITRIDUIT	NC TO DE L	The Bree	LIOT DELL'EST TO	THE TRALL							
2	PART II. OTHE	ER SIGNIFICANT CON	IDITIONS !	COMIKIRALI	NG TO DEAT	IH BUI	NOT RELATED TO	THE LEKWI	NAL DISEAS	E CONDITI	DN GIVI	EN IN PART	1(a) 19. Y	PERFORMI	ED?
[설]													YE	ES N	· •
OR OR O	ACCIDENT WAS CONTRIBUTING I LITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)	20b. DES	CRIBE HOW	INJURY OC	CURREC). (Enter nature a	finjury in P	Part Lar Par	t II of ilem	18.)				
MEDICAL 20c.	TIME OF INJURY	Month, Day, Ye	ar 20d. I	NJURY OCC	URRED 2	20e. PL/	ACE OF INJURY (tiome, farm,	20f. (City	or town)		[C	aunty)		(Stole)
9	Haur a.m., p.m.	19	While	k ☐ Ol wo	hile	fac	lary, street, office	bldg., etc.)						
						_	50) 7	1 2	0 70	יבט				
	The	t I attended the	deceas						ec 2						
aliv	ve on De	20	, 19	277,	and that o	death	occurred at						e date	stated	above.
l I		111 11	1 1		0		/ .		ADDRESS (S	. ,				DATE	SIGNED
ACTI	NATURE	obarh v	- 16	ubon	1020	us	4.0. 1.060)9 Co	ncor	d Sti	2001	;	Dec	21.	191
	ME (Type) R	obert T.	Thi	bades	nu. M.	. D.	Kens	singt	on.	Md.					
		, 226. DATE THEREC)F	22c. NAN	E OF CEMET	ERY O	CREMATORY		22d. LOCA	TION (City,	town, a	r county)		(State)	
	MOVAL (Specify) urial	12/23/5	9	Con	gr e ssi	tona	al Cemet	ery	Was	shing	ton	D. C	4		
	ERAL DIRECTOR'S			ADDR	ESS			24a. REC'D	8Y REGIST	RAR 24	. REGIS	TRAR'S SIG	NATURE		
	E Gaga	n's Sons	Haras	h than with	IIa Ma	4									
	· uast	r o ~uns	14 Y (1	LLSVI.	TTG DIO			PA DEC	2 2 150		Cinth	mg 8 to	raus		



Rea. Dist. No.

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 VS A15 (4) 15M 9/58

- 2														
)		COUNTY M	ont gome ry	MARYLAN	- 17		ence (who lary 1		lived. If institut b. COUNT			me ry		
	2	TTV en TOWN (If outside corporate timi entest towni OI IIIS	ls, write c	LENGTH OF STAY IN 1	-	Silve			ate limits, write	RURAL ond	l give nec	arest town	1)
:	ç	NAME OF HOSPI 9806 For	TAL (If not in hospitol, g	Driv	dress)	V	9806		st G	rove Di	ive			FARM?
		NAME OF DECEASED (Type or print)	, Ma	ttie	Middle Lula	Но	dge		4. DATE OF DEATH	Decemi	oer i	31 00		Yeor 19 59
	5. 5	female	6. COLOR OR RACE white	7. MARRIEI WIDOWED		_	DATE OF BIR		3	8 AGE (In years birthday) yrs	Months	R 1 YEAR	Hours	ER 24 HRS. Min
\widehat{I}	Housewife North Carolina							TIZEN OF		OUNTRY?				
_	William Ivan Renfrow						14. MOTHER'S Cor		Ann	Lew	ic			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT									dress					
	no (if yes, give wor or detect of service) No Alga Hodge 1601 Argonne									onne	Pl	NW-	DC	
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).												
	Conditions, if ony, which gove rise to immediate couse (a), stelling the under DUE TO DUE TO Conditions, if ony, which gove rise to immediate couse (a), stelling the under DUE TO										ean.			
		Iying couse lost. Columnia Columnia												
0	CERTIFICATION	PART II OT	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUT NO	OT RELATED TO	THETERMIN	NAL DISEASE	CONDITION G	VEN IN PA	(RT 1(o) 1	PERFO	AUTOPSY DRMED?
	CERTIFIC	20g ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCCU	RRED. (Enter noture of	injury in P	ort I or Parl	Il of item IB.)				
	MEDICAL	20c. TIME OF INJUI Hour o.m. p. m.	RY Month, Doy, Yes	20d, INJ While of work [Not while of work	PLACE	OF INJURY (F y, street, office	lome, form, bldg , etc	20f. (City	or town)		(County)		(State)
		21. I certify tl	nat I attended the	deceased	fram 10 - 12		1959	, to_/2	-5/	, 1953	that I	last sav	w the d	leceased
		alive on _12		., 195	7, and that dec	ath a	ccurred at <u>/</u>	0.054	M, fram 1	he causes a	nd on th	ne date	e stated	d abave.
į		ACTUAL SIGNATURE	Bac	01	drag m	PM.	800		When	et, city or town	Olker	Apres	12 12	TE SIGNED
1		PHYSICIAN'S NAME (Type)	W.B. Ward	rop					/	/ 		9/		
	-	REMOVAL (Specify	1/1/196		22c NAME OF CEMETER		REMATORY		22d. LOCAT	on, No	or county		olir	*
		FUNERAL DIRECTOR	s signature ines Co	2901	14th St.	N W		24g REC'D	8Y REGISTI		SISTRAR'S S			



DEPU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



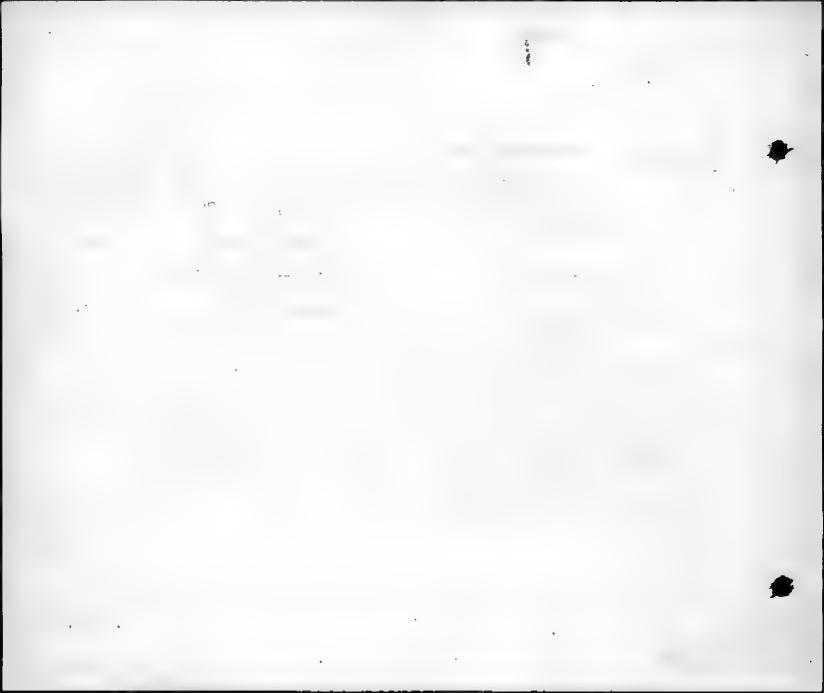
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13874

		1992	4	CERTI	FICA	ATE OF I	DEATH			Reg. D	ist. No		0 - 2
	1. PLACE OF DEATH o. COUNTY					2. USUAL RESI	DENCE (Whe	ere deceosed	lived. If instituti	on: Reside	nce befo	re admis	sion)
L	MONTGOME			MARYI	LAND	MARYLA	מא			GOMER	Y		
	 CITY OR TOWN (If RURAL and give ne 	outside carporate limi grest tawn)	is, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (IF ou	stside corpor	rote limits, write R	URAL ond	give ne	arest tow	n)
	OLNEY			4 DAYS		X DERWOOD							
	d. NAME OF HOSPITA OR INSTITUTION			,		d. STREET A	DDRESS						SIDENCE A FARM?
ŀ	MONTGOMERY	COUNTY GE		L HOSP Middle		1		4. DATE		46			
- 1	3. NAME OF DECEASED					Las		OF	Mon		Do	,	Year
-	(Type or print)		OREN		RGIN		TINGER	-	DECE				19 5:
1	5 SEX	6. COLOR OR RACE	7 MARE	RIEDXX NEVER MARRIE		8. DATE OF BIRT	Н		9 AGE (In years lost birthday)	Months	Days	Hours	ER 24 HRS. Min
1	F_MALE	WHITE	WIDOW	ED DIVORCE		8/2/	1889		7603 yrs.	, and a second		110013	******
		ng life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUS	STRY 11. BIRTHPL		* *		12.CI			COUNTRY?
4	H S	WF				14. MOTHER'S		VIRGI	N I A		US	SA	
1													
Į	LEV			AN	White	cotton							
1	15 WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war er dates of s	CES? 16.		11	NFORMANT			Add	ress			
	no			no		HOSPIT	AL REC	ORDS		OLNE	Yall	40.	
ı	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).			_		. /		LINT	ERVAL 8	ETWEEN
	PART I. DEAT	H WAS CAUSED BY, IMMEDIATE CAUSE (c	. C.	orolval V	ase	ular "	Thur	mlo	-aco (4	reco.	ION	SET AND	DEATH
-	200 X	DUE TO						7,-7			1466	4	7-
1	Candidan Is a		G	1. to	0.		0.4	0				>	
1	Conditions, if or	mediate		recens se	u	- Care	Jen	ende	sed when	- Cre			
1	couse (a), stating the under.												
1	lying cause last.) (c	-								7.		
ı	Ĕ /ı .	ER SIGNIFICANT, CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(a) 1	PERFC	DRMED?
	3 Hotel S	lension	, ca			el aente			inpete	43~		YES	NO X
۱	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY DO	COURRE	D. (Enter noture o	of injury in P	art For Pop	If of ilem 18)				
	3 20c. TIME OF INJURY	Month, Doy, Ye	or 20d I	NJURY OCCURRED	20e PL/	ACE OF INJURY	Hame, farm,	20f. (City	or fown)		(County)		(State)
1	20c. TIME OF INJURY	19	While	Not while	fac	tary, street, affia	s bldg., etc.)				,,		
				k of work			-	<u>.i</u>					
	21. I certify the	at I attended the	deceas	sed fram. Janua					25 19:55				
1	alive an Alex	23	, 19_5	39, and that	death	accurred at	<u> 10:05P</u>	M, fram	the causes an	id an th	e date	e state	d abave,
J		7					A	ADDRESS (St	reet, city or tawn,	state)		DA	TE SIGNED
	ACTUAL	mea	lan	s we		M.D.						12	126/
				1									7
	PHYSICIAN'S NAME (Type)	G.F. MEAD	ors.	M. D.			DAMA	SCUS.	MARYLAN	D			
F	220. BUR AL, CREMATION			22c. NAME OF CEME	TERY O	R CREMATORY		22d. LOCAT	ION (City, town,	or_county)		(Sta	te)
	REMOVAL (Specify) Burial	Dec.29	105			•		Red	dland,	Mont		Md.	
1	23. FUNERAL DIRECTOR'S		<u> </u>	ADDRESS			240 REC'D	BY REGIST	RAR 24b. REGI	STRAR'S S	IGNATU	RE	
	Yan no-	02ach	er.	Laytonsv	111	e. Ma							
1	7			-000 00 1100 0		- C J MICL +	DATDEC	3 1 '59	0	1 0	K		

VS A15 (4) 1SM 9/S8



Wirs ofter death. Page 4 moy be ned by the hospital or attending physician. D FUNEY & DIRECTOR: After this certificate has been signed by the ottending physician and campletely fille. They the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. W OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Fig.

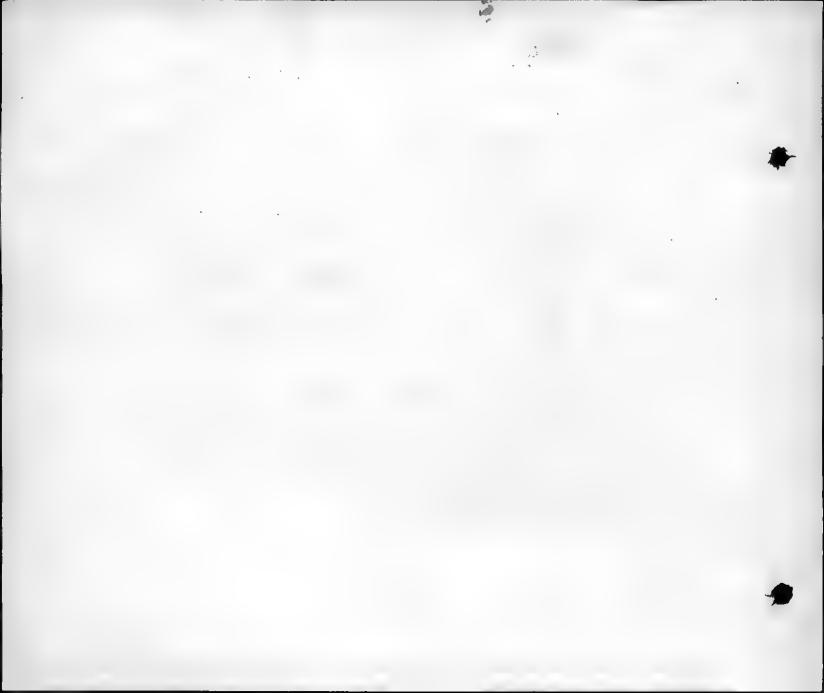
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MARYLAND-STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	13839	CERTIFICA	ATE OF DEATH		Reg. Dist. No.13875
9	PLACE OF DEATH O. COUNTY MONTSOMEN	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution b. COUNTY	on: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give streog NINSTITUTION)		c. CITY OR TOWN (If or	utside corporate limits, write RI	URAL and give nearest town) 47 X e. IS RESIDENCE ON A FARM?
-	of the Ster Jenital	eran & Hap	1 1/2 4 / 1	noas lite.	/C'. YES □ NO É
35	NAME OF DECEASED (Type or print)	LEE Middle 2/	Tr. L Ock	4. DATE Mon OF DEATH	th Day Year 1953
	male white wido	WED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy) L/ yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
0	do. USUAL OCCUPATION (Give kind of wark done 10 during mas) of working life, even if refired)	KELIKEL	H. Va		12. CITIZEN OF WHAT COUNTRY
13	HORRY LE HOL	21	14. MOTHER'S MAIDENN	LEMEN	
15	[#S. NO. OF UNKNOWN] [If yes, give wor or dotes of service]	6. SOCIAL SECURITY NO.	bit Char	Addr	ess
7	18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).]	e (Visit	te	INTERVAL BETWEEN ONSET AND DEATH
NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. Conditions if ony, which gove rise to immediate couse (b). DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	S CONTRIBUTING TO DEATH BUT	OT RELATED TO THE TERMIN	nal disease condition g.v	(EN IN PART 1(o) 19. WAS ALTOPSY PERFORMED?
CERTIFICAT	200 ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING 20b. D OR CONTRIBUTION 20b. DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of in _t ury in P	ort 1 or Part II of item 18.)	YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d Hour a.m. 19 of w	fa.	ACE OF (NJURY (Home, farm, ctory, street, office bldg., etc.		(County) (State
	21. I certify that I attended the deceralize an 12 10 54 , 19 ACTUAL SIGNATURE A CLUMY A CATUAL SIGNATURE A CLUMY A CATUAL SIGNATURE A CLUMY A CATUAL SIGNATURE (Type)	and that death	accurred at 7144		that I last saw the decease d on the date stated above state) DATE SIGNE
	ROTE PURIAL (CREMATION, 22b. DATE THEREOF (SPEMOVAL (Specify) /2.23-59	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City town, of	d med
23	Diel + i rusil Hone	4812 F2 A			STRAR'S SIGNATURE

DEDATE DEC 2 8 '59

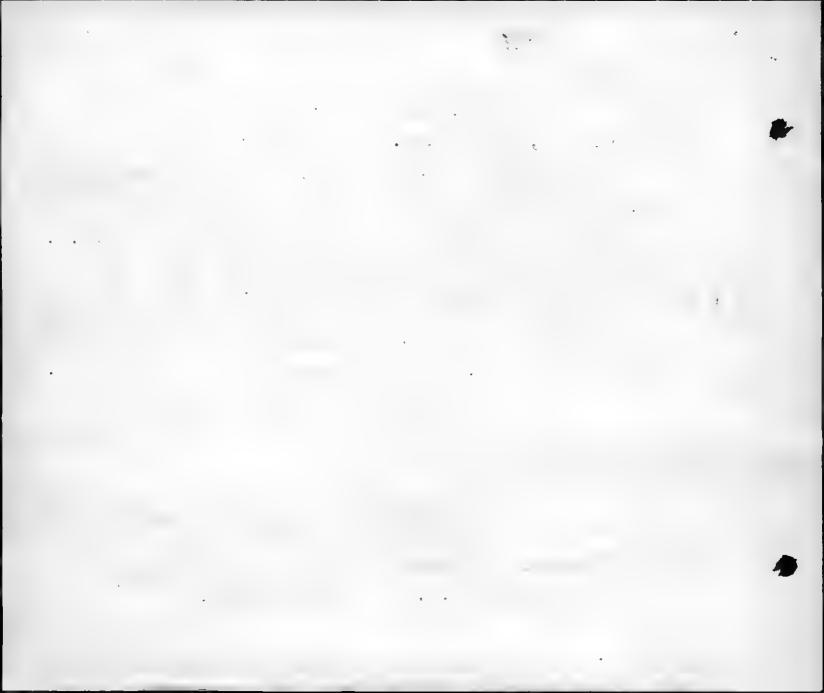
TO FUNER TO HOSPIT VS A15 (4) 15M 9/SB



VS A15 (4) 15M 9/58

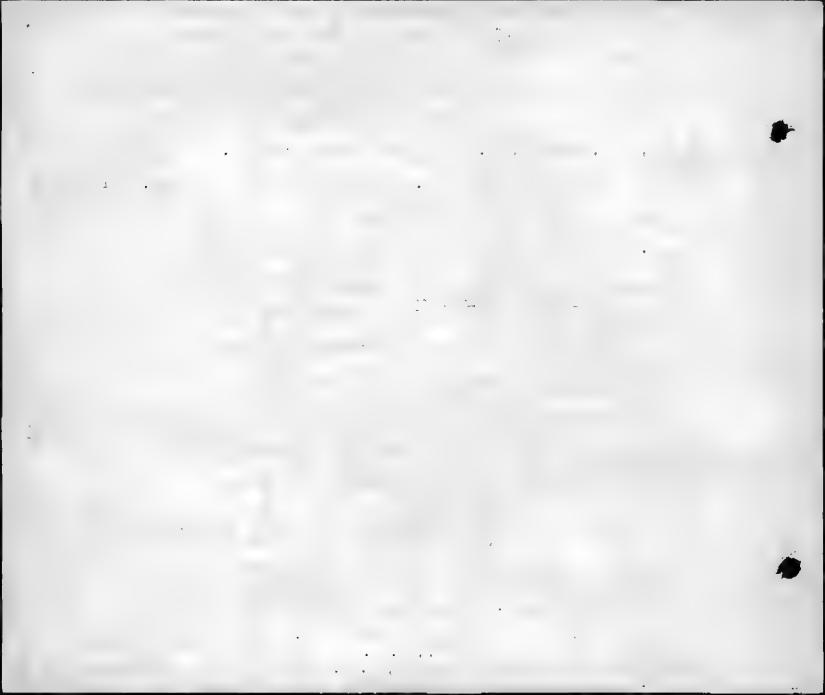
		1392	5	CERTIF	ICAT	E OF D	EATH	ı		Reg. Dis	1. NJ 3	1876		
1.	PLACE OF DEATH O. COUNTY Mont	gomery		MARYL		a STATE	ence (wheely lar		d fived If institute b. COUNTY Anne			dmission)		
Г	b. CITY OR TOWN (If o	utside corporate limits,	write	c. LENGTH OF STAY II	V 1Ь	c. CITY OR TO	OWN (If a	utside corpo	prote limits, write R	URAL and g	RAL and give nearest town)			
	Bethesda	ssi idwn)		51 days		G3	len Bi	ırnie			02X	(-2		
	d. NAME OF HOSPITAL OR INSTITUTION The Clinical	_		1		d. STREET AC		Agnes	Road			S RESIDENCE ON A FARM? ES NOTE		
3	NAME OF	First		Middle	- 11	Last		4. DATE	Man	4h.	Day	Yeor		
	DECEASED (Type or print)	Okem	я	May		Huffn		OF DEATH		mber	23,			
5				ED NEVER MARRIED	IXI B. I	DATE OF BIRTH			9. AGE (In years			UNDER 24 HR		
	Female		/IDOWE				1953	Ŀ	lost birthday) yrs.			ours Min.		
10	o. USUAL OCCUPATION during most of working	(Give kind of wark do	ne 10b. I	CIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLA	CE (State o	or fareign c	ountry)	12. CITIZ	EN OF WH	HAT COUNTR'		
	Student	IIIe, even if refired}		School		Wes	st Vi	rginia	3.		U. S	. A.		
13	B. FATHER'S NAME					14. MOTHER S	MAIDEN N	AME						
ı	Otuce Hui	ffman				Ora	ada B	ostic						
15	. WAS DECEASED EVER I	N U. S. ARMED FORCE	S7 16 S	OCIAL SECURITY NO	INFO	PRMANT The	e Med	ical F	Record Add	ress				
N	(es, no, or unknown) (If)	es, give wor or dotes of servi	ce)	None	1				. Bethes		Mar	yland		
Ħ	18 CAUSE OF DEATH	Enter only one cous	per line	e for (a), (b), and (c)]	4							AL BETWEEN		
	PART I. DEATH	WAS CAUSED BY:		Gastro-int	estin	al Hemo	orrhas	7e				Hours		
ı	201/3	DUE TO					- 3	3-						
	Conditions, if ony, which) (b) Acute Lymphatic Leukemia									6	Mos.			
gove rise to immediate Couse (a), stating the under-														
	lying couse lost,	(c)	_											
CERTIFICATION	PART II OTHER	SIGNIFICANT CONDIT	TIONS CO	ONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO	THETERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	' P	VAS AUTOPS ERFORMED?		
		JNDERLYING 20 CAUSE OF DEATH DICAL EXAMINER	b. DESC	RIBE HOW INJURY OC	CURRED (Enter noture of	Injury In P	ort 1 or Por	t II of item 18.)		,			
MEDICAL	20c. TIME OF INJURY Hour o m. p. m.	Manth, Day, Year	While	JURY OCCURRED 2 Not while of wark	PLACE factor	OF INJURY (H y, street, affice	lome, farm, bldg., etc	20f (City	or town)	(C	ounty)	(Stat		
	21. I certify that	i attended the d	ecease	d fram Nove	mber	2, 19.59	ta De	ecembe	er,23,959	that I las	t saw th	ne decease		
	alive an Decem						1:25	M. fram	the causes an	d an the	date st	ated abay		
		Λ Α	_	la A	1			(DRACE) ()	freet, tilly of lown,	ziole)		DAIL SIGH		
	ACTUAL SIGNATURE	harrie	2	MIRMA	<u>, м.с</u>		TINIC	cal Ce	enter	12	- 23-	- 59		
	PHYSICIAN'S NAME (Type) C	narles E. M	lenge	1 M. D.		Natio Bethe	onal I		tutes of aryland	Healtl	1			
2	20. BURIAL, CREMATION,	226. DATE THEREOF		22c. NAME OF CEMET	ERY OR C				TION (City, town,	or county)		(Stote)		
	REMOVAL (Specify) Burial	12/24/5	9	Glen Hav	en C	emeter	rv	Gle	nBurnie	. Ma	rvla	nd		
23	FUNERAL DIRECTOR'S S			ADDRESS		j	24a. REC'E	BY REGIST	TRAR 246. REGI	STRAR'S SIG	NATURE			
	Robert A.	rumphre	y i	Bethesda,	Mar	yland	DATE D	EC 2 8	'59 (Thun &	. Thatle	4		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

- No.											
1	PLACE OF DEATH	0260=		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
L		owerw	MARYLAND	o. STATE b. COUNTY Maryland Montcomery							
Γ		outside corporate limits, write INJRAL	c. LENGTH OF STAY IN 16		f autide corporate limits, write RURAL						
L	Bethesd	22	DOA	X Bethesda							
		AL OR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?				
H	HSNU MO	C REMITTED V TO		1 6806 Gre			YES NO D				
3	NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Day	Year				
L	(Type or print)	PORERY	I. HI	ULTITUDEHURST	DEATH Dec	10	19 59				
5	. SEX	6. COLOR OR RACE 7. MARRI	ED MEVER MARRIED B.	DATE OF BIRTH	American Street Control	DER TYEAR	IF UNDER 24 HRS				
ı	74	Can WIDOWE	D DIVORCED	JePt-9-19	7/6 43 yrs. Month	B Days	Hours Min.				
91	Ou. USUAL OCCUPATIO	N (Give kind of wark done 10b. I	KIND OF BUSINESS OR INDUST	Y 11. BIRTHPLACE (Slote	a or foreign country) 12.	CITIZEN OF	WHAT COUNTRY?				
L	during most of working		S Army	TEIA-	HONDURAS	77614					
13. FATHER'S NAME											
	(2001	ZGE J HUI	lling 4 april								
1			SOCIAL SECURITY NO. 17. IN	FORMANT	Address.						
Ċ	Yes na. ac unknown)	(If you now were as distant of secure)		Jean I	WARREN. Address Hullinghor	c+					
F				GEAN I	- Houngace	21					
ı		H [Enter only one couse per line	for (a), (b), and (c).			INTER	VAL BETWEEN T AND DEATH				
	PART I. DEAT	Su	dden								
420. Due to											
Conditions, if any, which (b)											
	gave rise to immed										
	(a), sloting the u	nderlying DUE TO									
3	PART II. OTH		ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE CONDITION GIVEN IN F	ART 1(a) 15	P. WAS AUTOPSY				
ACITA N	3						PERFORMED?				
FIF	200. EXTERNAL CAU	SE WAS 2016 DESCRIB	E HOW INITIAL OCCUPANT (E.	dan anti-range of training to the	A		res (7)				
CEBTIE		TRIBUTING [E HOW INJURY OCCURRED. (Er	ner nature of injury in Par	rt I or Port II of Hem 18.)						
MEDICAL	20c. TIME OF INJUR		f t .	E OF INJURY (Home, form		(County)	(Stote)				
95	Hour a.m.	19 Of wo	e Not while racia	ry, street, affice bldg., etc	7						
		at I took charge of the		re, held on Autons	sy , Inspection , Inq	niev de	and find that				
		from: Natural causes	_		- A-		ond find fadt				
	dealli resolled	A Tental Courses of	J. Accident [], 3010	ide [, Homicide	e [], Undetermined couse	∐.					
	ACTUAL 7	- 11 B		6.4488 A1884 A. L.			DATE SIGNED				
	SIGNATURE	Washy John	roment	M.D. CHIEF MEDICAL E	_						
	EXAMINER'S			ASSISTANT MEDIC	AL EXAMINER 12/10	159					
	NAME (Type)		Freceirt	DEPUTY MEDICAL							
2	20 BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or count	y)	(State)				
	Burial	12/15/59	Arlington Natio	mal Cem.	Arlington, Virgi	nia					
2.	B. FUNERAL DIRECTOR	SIGNATURE 00 - 8	16 H°5%, N. E	24a. REC	'D BY REGISTRAR'S		E				
R	inaldi Fun		ashington 2. D		DEC 1 4 '59	w 8 4					
_	The second secon	ALL		A UA	CV111,14	mer A 77	A . La A				



13878 Reg. Dist. No.

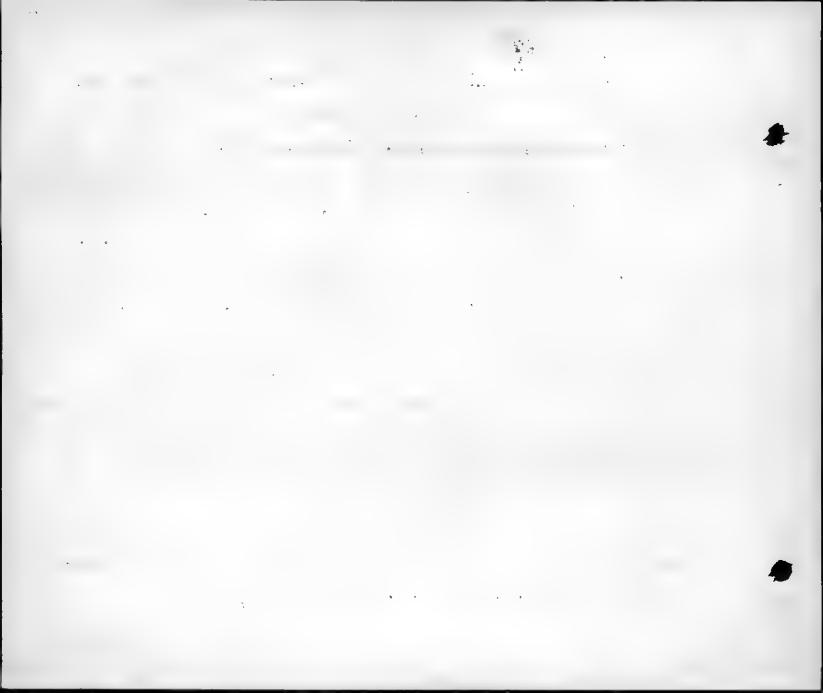
Page 4	director,	yed with	1
TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retally the haspital or attending physician.	page 3 should be detached far use as the burial-transit permit. Then please remove-carbon papers. Pages 1 and 2 should be fixed with	
urs cu	Ä	d 2 s	
24 ha	led in	s I an	
ithin	ely fil	Page	
uted v	molet	pers.	غے
exec	and co	od uo	deat
ate be	cign	quoy	s affer
ertific	physi	enjor	hour
all c	ndina	ease r	hin 7
the de	e afte	len pl	ant wil
that	by th	声温	ny eve
quires	igned	регп	in a
OW re	rsician been	transit	al, and
The	yd bhy I has l	-loiio	emavo
NAI	tendir ificate	the b), ar r
HYSIC	or at	use as	matiar
NG	ispital	d far	al, cre
TEND	the h	stache	buric
P.AT	Ž	be de	riar ta
TAL	AL D	hould	trar pi
HOSPI	may be reta y the haspital ar attending physician.	ge 3 s	the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death.
101	E	Q.	the

VS A15 (4) 15M 9/58

		1
	1 PLACE OF DEATH a. COUNTY	
	PION	tgomery
	b. CITY OR TOWN (If RURAL and give ne	outside corporate arest town)
	Bethesda	
_	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospit
2	The Clinic	al Cente
	3. NAME OF DECEASED	
	(Type or print)	Cha
	5. SEX	6. COLOR OR RA
	Female	White

CERTIFIC	ATE	OF	DI	EATH

ľ	a. COUNTY						SUAL RESIDENCE (V	Vhere dece	ased lived		on-Res de	nce befo	ore admiss	ion)
L	Mont	gomery		MARY	LAND	°	. STATE Maryla	and		b. COUNTY	Mont	tgom	ery	
	b. CITY OR TOWN (If RURAL and give nec	outside corporate limi	ts write	c LENGTH OF STAY	IN 16	C	CITY OR TOWN (IF	outside co	rporote i	mîts, write R	URAL and	give ne	arest town	h)
ı	Bethesda			52 days		N/	Kensingto	n						
Г	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	ive street o	address)		d. STREET ADDRESS e. IS							e. IS RES	IDENCE FARM?
L		al Center,			d.	3216 Edgewood Road								NO 🖸
3	NAME OF DECEASED	Fir		Middle			Last	4. DAT		Man	th	Do	ру	Year
	(Type or print)	Charl	otte	(None)		Jackson	OF DEA	TH D	ecembe	r	10		19 59
4.9	5. SEX	6. COLOR OR RACE	7. MARR	ED THEYER MARRIE	Р□	8. DA	TE OF BIRTH		9. AC	GE (In years of birthday)			IF UND	
ı	Female	White	WIDOWE	D DIVORCE		May	25, 1926		3		Manths	Doys	Hours	Mín.
1	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12.CITIZEN during most of working life, even if retired)							IZEN O	FWHATC	OUNTRY?				
None (Housewife) None New York									U.	S. A				
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME														
ı	David L. A	llpert					Sophia St	ein						
1	S. WAS DECEASED EVER	IN U. S ARMED FOR		SOCIAL SECURITY NO	11	NFOR	MANT The Me		Rec	ord Add	033			
'	(Yes, no, or unknown) (i	f yes, give war or dates of s		scertainabl			Clinical (. Ma	ryla	nd
F	18. CAUSE OF DEAT	TH Enter only one co											ERVAL BE	
ı		H WAS CAUSED BY:	12	Respirat	orv	far	ilure					ON	SET AND Mini	DEATH 1 Les
ı	190.9	IMMEDIATE CAUSE (a DUE TO	/	240000000000000000000000000000000000000	<u> </u>									
ı	Conditions, if on	ar and fall A		Massi ve	านไท	ຫດກ	ary infilt	trati (on ar	nd hem	othor	ax	day	75
ı	gave rise to im	mediate (114002 10	Co Collaboration	1947 4 4	, 1111111	02 00 02	011 40		D 44:02			
ı	lying cause last.	ne under-		Malignan	t me	മിമ	nom a						22 n	onth
ŀ) (c ER SIGNIFICANT CON						MINAL D SE	ASE CON	JOITION GIV	FN IN PA	RT Vol		AUTOPSY
100	8					,	1101100 100 7710 1011					101	PERFO	RMED?
414	200 ACCIDENT WAS	LINDERLYING [7]	20h DESC	RISE HOW INJURY OF	CUPPE	D (Ent	ter nature of injury in	Port Lor	Port II of	item 18.1			112 1	NO
	OR CONTRIBUTING I	CAUSE OF DEATH		MIDE TIOTE TROOP O		(1.71)	or notoro or miory n	.,						
4 4	20c. TIME OF INJURY	Month, Day, Yes	r 20d. IN	JURY OCCURRED			F INJURY (Home, for		City or to	wn)		(County)		(Stote)
5	20c. TIME OF INJURY Hour o. m.	19	While of work	Not while	roc	ciory,	street, office bldg., e	rc.)						
		at I attended the	decease	ed from Octobe	2 m 7	9	10 59 to D	ecemb	an 1	0 10 59	hat I I	ast sa.	ام مطفر	202504
ı	alive on Dece		. 19				urred at 3:05							
ı	dilve oii_sec.e	11 11	- / /	/)	*	ucc	ر يو د يو ۱۱ ۱۱۰۰۰			causes an city or town,		e dan		e signed
ı	ACTUAL	chard C	-Nu	ichain	0		The Cli		,			12.	-10-5	59
	SIGNATURE	4,4,000				7N.D	- are becaused a period between	OCCUPANT NAME				3 4 3		
	PHYSICIAN'S NAME (Type)	Richard C	. Med	chanic, M.	D.		Nationa Bathesd				неа	Ttn		
2	20 BURIAL, CREMATION			22c. NAME OF CEME		P-CDE				(City, town, c	or county)		(Stat	el
	REMOVAL (Specify)	DEC. 11, 1					CEMETER			SVIL			17	,
2	3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	-1 -	,	24a. RES	DE EY PEG	ISTRAR	24b. RE@#	TRAR'S S	SNATU	RE	
	ワ ト ハコノラ ハ	NSKY 4 S	11/5-	-3501-14	1 5	7	/V - /V DATE	5-75 4 A	150	1 07	Church 2	78.0	17	

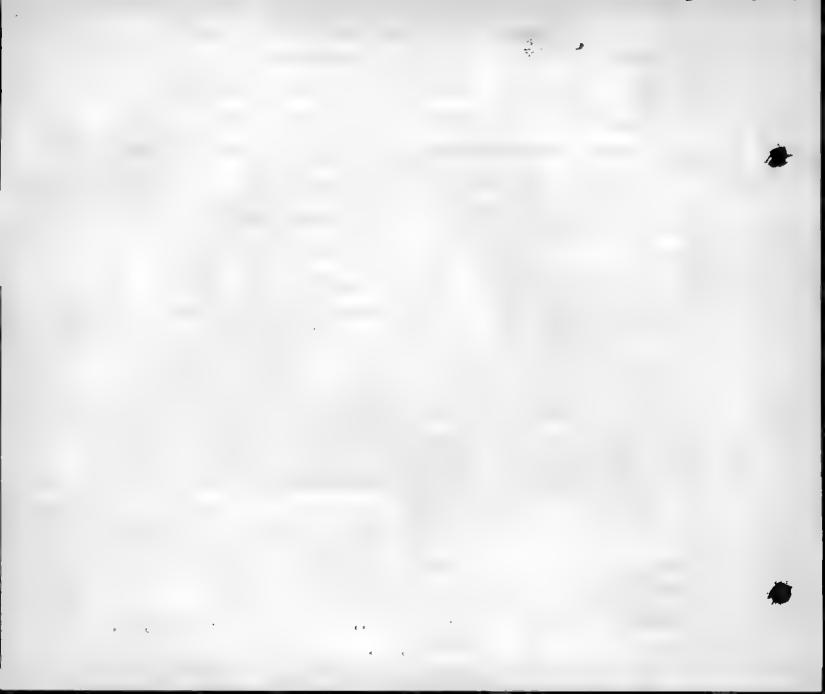


VS. A15ME(5) 5M 9/55 įδ,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13873 Reg. Dist. No.

	PLACE	OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
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	d. NAN	AE OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	. d. STREET ADDRESS IS RESIDENCE
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	3. NAME	OF First Middle	Last 4. DATE Manth Day Year
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	100/X/SU/	AL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	
	goring	mod of working life, even if retired)	mo
	13. FATHE	Prosecute Fr's NAME	14. MOTHER'S MAIDEN NAME
) ()	A 1/- A	140
	1 4	DECEASED EVER IN U. S. ARMED FORCES? 186. SOCIAL SECURITY NO. 117. IN	Mary Brown
7	Yas, 90, 91		FORMANT Address
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	18. C/	AUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN DINSET AND DEATH
		PART I. DEATH WAS CAUSED BY: CALCINOMAR &	let breast wish
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	Cone	ditions, If ony, which) Butastasia	
		rise ta immediate cause	
		e lost.	
	Z		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
7	ATIO		PERFORMED?
	200 8	EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. IE.	YES NO No Notes noture of injury in Part I ar Part II of item 18.)
	PRIMA CAUS	ARY OF CONTRIBUTING DE OF DEATH.	ner noture at injury to rait t at rait ii at liem #8.)
	<u> </u>		CE OF INJURY (Home, farm, 201, (City or town) (County) (Store)
	PED	Hour a. m. While Not while factor of work at work at work	ry, street, office bldg., etc.)
		I certify that I taak charge of the remains described above	ve, held an Autapsy 🔲, Inspection 🔀, Inquiry 🕱, and find that
	1 1		
	uegi	The results from the reason M. Accident L., 3000	ide [], Homicide [], Undetermined couse [].
	ACTU	IAL STORES	DATE SIGNED
		ATURE Transhy Direchart	_M.D. CHIEF MEDICAL EXAMINER []
	EXAM NAM	MINER'S FLANK J. Broscham	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D
	220. BURIA	AL CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR ASh Memoria	
	ri 63	Page (Specify) 12/10/59 Ash Memorial	Sandy Spring, Md.
	23. FUNE	MI DIRECTOR'S SIGNATURE ROOKVIlle, Md.	240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
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1	5M	10	1/5	7

1. PLACE OF DEATH

a COUNTY "

3. NAME OF DECEASED

S. SEX

(Type or print)

13. FATHER'S NAME

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 224, DATE THEREOF 22 MAME OF CEMETERY OR CREMATORY FUNERAL DIRECTOR'S SIGNATURE 246 REC'D BY REGISTRAR ZAL REGISTRAR'S SIGNATURE

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requires that the death certificate VS A15 (4)

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ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 24 hours after dwath. Naggi

After this certificate has been signed by the attending physician and completely filled

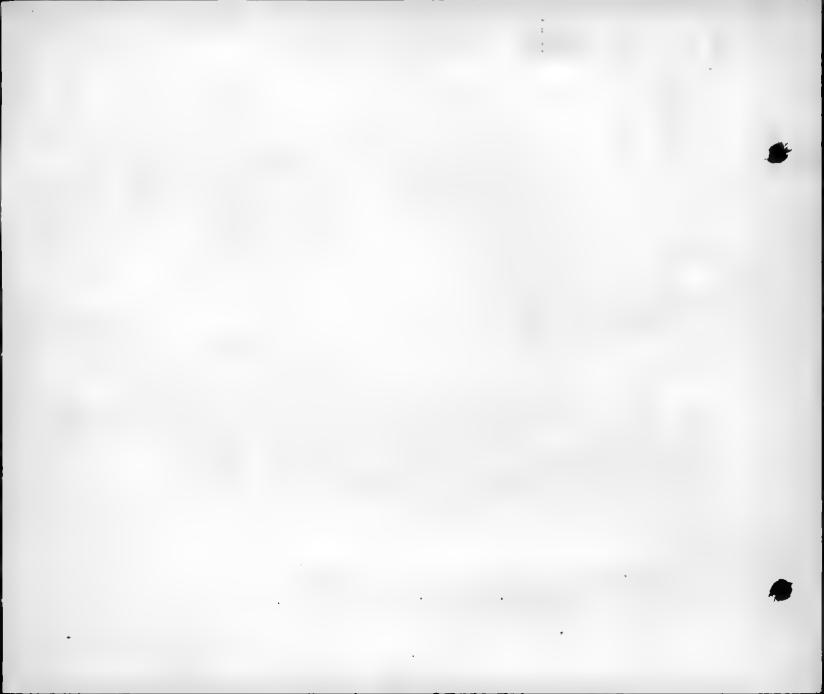
page 3 sheald be the registrar prior

VS A15 (4) 1SM 10/S7

may be reinted TO FUNER. **CERTIFICATE OF DEATH**

Rea. Dist. No

L		Keg. Dist. No.
	o. COUNTY	2. USUAL RESIDENCE [Where deceased lived If institution: Residence before admission]
1	Mont Comery	S. SIATE Mary and b. COUNTY Monto amery
4	b. CITY OR TOWN (If outside comporale limits, write c) LENGTH OF STAY IN 16	c CITY OR TOWN (If obliside corporale limits, write RURAL and give rearest lawn)
-+	Taxona 13+6 25 minis	0
ı	d NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS.
5	Washington Sanitarium of lospital	140 Boni Sant ST. VES NO
	1. NAME OF DECEASED (Type or print)	Lost 4. DATE Month Day Year OF DEATH 10 TO
ŀ	A PULLY OF THE PROPERTY OF THE	8. DATE OF BIRTH P. AGE (In years IF UNDER 1YEAR) IF UNDER 24 HIS
	male White WIDOWED DIVORCED	3-28-18 Lost bigthdoys Months Days Hours Min
	10a. USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIBUTION of Working life, even if retired	STRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Y	7851 Charles of Roads	Ellinai 1000
ľ	3. FATHERS NAME	14. MOTHER'S MAIDEN NAME
	Kont Tail.	D. welt. Final.
ŀ	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 117. III	NFORMANT Address /
+	(If yes, give way or dates of service) 578 10-0491	// 1. T D
-		Hespia Records
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	Ihrom form ? hour
Y	4-20-1 DUE TO	
1	Conditions, if any, which) (b)	
	gove rise to immediate (
4	tying cause lost.	
1		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
,		PERFORMED? YES NO
	OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part I or Part II of item 18.)
П	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED to the PLAN to the PL	ACE OF INJURY (Home, farm, 20f. [City or town] [County] (State)
1	Hour a.m. While Nat while for	tory, street, office bldg., etc.)
		- Era - 200 - 111 - 200
	21. I certify that I attended the deceased from NAC 14	1824, to 1054, 1934, that I last saw the deceased
	alive on 1927, and that death	occurred at 11 M, from the causes and on the date stated above.
	LACTURE VILLE IN THE RESTRICTION OF THE PERSON OF THE PERS	ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE MARKET Semuland	M.D. 9241 COI, BIVE 12/14/2+
n	PHYSICIAN'S	c 1. c
L	NAME (Type) I Mariby Dankhead	SILVER Spring Md
	20 BURIAL, CREMATION, 276 DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	Dec. 18 59 Undon	Burtonsville Md.
1	3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRARS 24b REGISTRARS, SIGRATOREMA
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VS. A15ME(5) 5M 9/55

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rer deoth.	ond 3 to the	Me retoined	ind 2 with the
n 24 haurs at	e Pbges 1, 2,	Poge 5 moy	ile poges 1 a
tate should be executed within 24 haurs after death. It any deloy is necessary, please exe-	Hem 18. Give	Office along with form PM3. Page 5 may lie retained for your fs.	d as a buriol-transit permit. File pages I and 2 with the registrar prior to buriol, cremation,
e should be	' in pencit in	ice atong wit	s o buriol-tro
Ö	B	5	0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1384 POICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No.

1.	PLACE OF DEATH o. COUNTY	Montgomery		RYLAND	2. USUAL RES 0. STATE		here deceased yland	lived. If Insti b. COUN		nce before adn	nission)
L	b. CITY OR TOWN (II ond give necres) fower	f outside corporate limits, write RUR:	e. LENGTH OF STA	AT IN 15	c. CITY OR	TOWN (IF	outside carpor	ote limits, writ	e RURAL and	give nearest to	own)
L	Takoma	Park	1 da	VS	Tak	oma Pa	ark				
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not	t in hospital, give street odd	ress)	d. STREET A						A FARM?
L		anatarium & H	<u>Iospital</u>		73	18 Ca	rroll A	ve.			NO []
3.	NAME OF DECEASED (Type or print)	Rebert Adol			Last		4. DATE OF DEATH	Dec.	19, 199		Year 19
	M M	W WI	MARRIED IN NEVER MARR	D .	3/12/2	1902		AGE (In years of Little)	Months D	YEAR IF UND	ER 24 HRS. Min.
100	during ment of working	ON (Give kind of work done to life, even if retired)	106. KIND OF BUSINESS O Metro-Litho		Y 11. BIRTHPL		or foreign cour	nlry)		EN OF WHAT	COUNTRY?
13	FATHER'S NAME ROD	ert M. Jenkin	18		14. MOTHER'S		AME Ha vene	r			
15 (Ye	Yes	ER IN U. S. ARMED FORCES: (If you, give wer or deries of service W.W.II	16. SOCIAL SECURITY NO		formant rs. Jenl	kins.		Addres Ite	_		
		TH [Enter only one couse pe TH WAS CAUSED BY:	Shock							INTERVAL BETWO	EEN ATH
	7	DUE TO	DHOCK				· · · · · · · · · · · · · · · · · · ·				
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	gove rise to immed (o), stating the s	diote couse								-2	,,,
	couse lost.	ALL COMPLETE STREET	hot Gun Wound	i							
Z	PART II. OTH	IER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO	THE TERMIN	IAL DISEASE C	ONDITION GI	VEN IN PART	1(o) 19. WAS	AUTOPSY
CERTIFICATION										YES	RMED?
RTIF	20g. EXTERNAL CAL PRIMARY 23 or CON CAUSE OF DEATH.	JSE WAS 20b. DE	SCRIBE HOW INJURY OCC	URRED. (En	ter noture of inj	ury in Port	or Port II of	item 18.j			
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MEDICAL	20c TIME OF INJUI	12 7 16/59	20d. INJURY OCCURRED	20c. PLAC	OF INJURY (H	lome, form,	20f. (City or	fown)	(Coun	ly]	(Stote)
ME	6 110 o. m.	17	White Not white of work □ of work ☑	L	y, street, office			ma Park		ntg.	Md
		nat I took charge of						ection 📮	, Inquiry	🔀, and	find that
	death resulted	from: Natural caus	ses 🔲, Accident 🗀]. Suic	ide 🗓 , Ho	omicide	🔲, Unde	etermined		_	
	ACTUAL SIGNATURE	trand J. Br	mhait		M.D. CHIEF MI	EDICAL EXA	MINER			DATE S	HGNED
	EXAMINER'S		_		ASSISTAN	NT MEDICAL	L EXAMINER	120	19/59		
L	NAME (Type)	Frank J. Bro	oschart		DEPUTY A	MEDICAL EX	CAMINER 1	14/	エタノラタ		
	ARTHON (Specify)		22c. NAME OF CEME					N (City, town,		(Stof	e)
23.	FUNERAL DIRECTOR	Dec. 22, 1959	Arlington	Nat1			Y AJ BY REGISTRAI		M. VIT		
		AMBERS CO.,	Riverdale, h	Waryla	3		C 2 8 '59		1-12- P		

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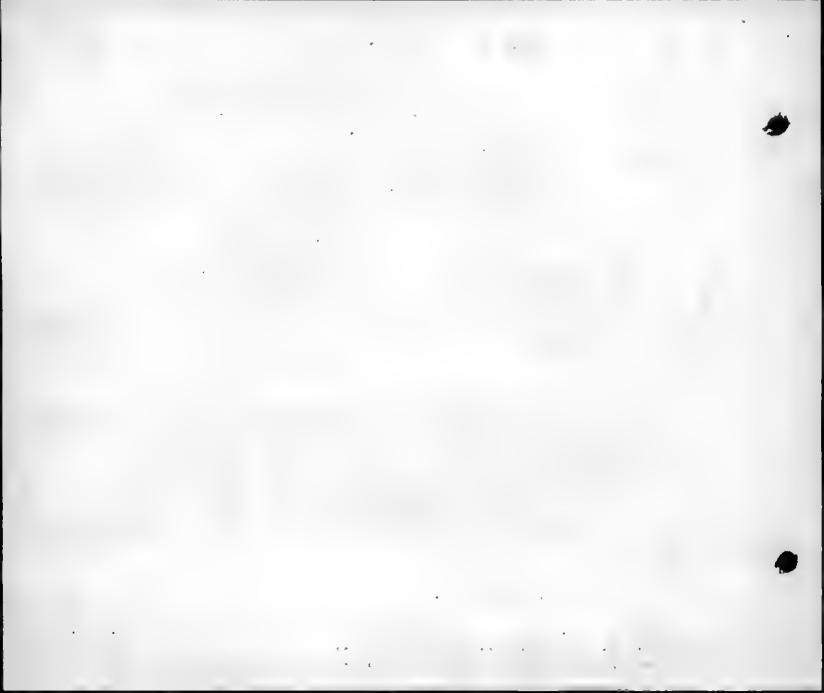
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VS A15 (4)

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VS A15 (4) 15M 9/55

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	-ERI	III.	- 1				

Carroll Hall Sanitarium Byattsville Md. YES	RESIDENCE A A FARM? NO KI Yeor 19 - 9 NDER 24 HRS
Decre Series of Color or Race Town (Sirve street address) Sex S. COLOR or Race Town (Sirve street address) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Serial Hall Sanitarium C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington Md. G821 Pineway C. LENGTH OF STAY IN 1b G821 Pineway C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington Md. G821 Pineway C. LENGTH OF STAY IN 1b G821 Pineway C. LENGTH	RESIDENCE I A FARM? NO K Yeor 19 - 7 NDER 24 HRS rs Min.
RURAL and give nearest town) Kensington Md. d. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION Carroll Hall Sanitarium 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED Jan 23, 1866 9. AGE (in years) Month Day Nonth Day Month Day Nonth Day Month Day Nonth Day Nonth Day Nonth Day Month Day Nonth D	RESIDENCE A FARM? NO K Yeor 19 - 5 9 NDER 24 HRS rs Min.
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OR INSTITUTION AT POIL Hall Sanitarium Ilyattsville Md. Or YES NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE White WIDOWED DIVORCED DIVORCED Jan 23, 1866 Jan 23, 1866 DIVORCED Jan 23, 1866 Jan 23, 1866 Jan 23, 1866 DIVORCED Jan 23, 1866 Jan 23, 1866 Jan 24, Months Months Days Months Days House virte Months Days Months Months Months Days Months	Yeor 19 - 1 9 NO K Yeor 19 - 1 9 NDER 24 HRS rs Min.
NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE White WIDOWED DIVORCED DIVORCED Jan 23, 1866 Jan 23, 1866 DIVORCED Jan 23, 1866 Jan 20, 20 Jan 2	Yeor 19 - 1 9 NO K Yeor 19 - 1 9 NDER 24 HRS rs Min.
OCCUPATION (Give kind of wark dane during life, even if retired) 3. FATHER'S NAME Adam Sausen 16. COLOR OR RACE OWN home 17. MARRIED NEVER MARRIED 8. DATE OF BIRTH OWN HOUSEWIFE OWN home 18. DATE OF BIRTH OWN HOTHER'S NAME II. BIRTHPLACE (State or foreign country) Minnesota II. BIRTHPLACE (State or foreign country) Minnesota II. MOTHER'S MAIDEN NAME Adam Sausen S. WAS DECEASED EVER IN U. S. ARMED FORCES? OWN home II. MOTHER'S MAIDEN NAME Mary Schmidt OWN HOME III. BRACHER'S MAIDEN NAME Mary Schmidt OWN Rayburn H Bamberg Hyattsville Md III. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) ARTERIO SCLETIONIC HEART DISCASE INTERVAL ONSET A	19 - 5 9 NDER 24 HRS rs Min.
female white widowed Divorced Jan 23, 1866 93 yrs. Months Days How during most of warking life, even if retired) Oc. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) Housewife own home 14. MOTHER'S MAIDEN NAME Adam Sausen S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO wuknown or wiknown of detail of services of service	rs Min.
OD. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE OWN home 14. MOTHER'S MAIDEN NAME Adam Sausen S. WAS DECEASED EVER IN U. S. ARMED FORCES? ONLY HOUSEWIFE Address Mr Rayburn H Bamberg Hyattsville Md 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ARTERIO SCLETIOLIC HEART DISCASE ONE HOLDSTRIP III. BIRTHPLACE (Stote or foreign country) Minnes ot a U. S. A 14. MOTHER'S MAIDEN NAME Mary Schmidt Address Mr Rayburn H Bamberg Hyattsville Md ONSET A ONSET A ONSET A ONSET A DUE TO	AT COUNTR
Housewife own home Adam Sausen 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT You, No. or unknown) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ARTERIOSCLE FLOTIC HEART DISEASE ONSET A DUE TO	
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lying couse lost. (c) GENERALIZED ARTERIOSICLEROSIS	
	S AUTOPSY FORMED?
200. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Port II of item 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER!	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Have a. gr., p. m. 19 While Not while at work of work	(Slote)
p. m. 19 at wark at work	
21. I certify that I attended the deceased from Ave 10, 1958, to Dec 0: 9, 1917, that I last saw the	e deceas
alive on Mean 9, 19 9, and that death occurred at PM, from the causes and on the date st	
ADDRESS (Street, city or town, state)	sted aba
SIGNATURE // Au of owners M.D. 5206 Warway M.	
auguston, and	
PHYSICIAN'S NAME (Type) Chery Chory Byd	
NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, lown, or county) 100	
NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) [5] CONTROL OF COUNTY 15 CO	DATE SIGN
NAME (Type) Control of the state of the sta	DATE SIGN





XI.		1	m 18 Film 250 MARYLAND STA					8		
37 1	M.	110	MEDICAL MEDICAL	EXAMINER'S	CERTIFICA	ATE OF DE	ATH		138	287
d b	ベン	-			,			Reg. Dist. N		
shau		P.	PLACE OF DEATH OF COUNTY		2. USUAL RESIDENCE	E (Where deceased liv	ed. If Institution b. COUNTY	un: Residence be	ofore admissi	ion)
1 P.		-	MONTGOMERY	MARYLAND	MARY LAND		MoM	TGOMERY		
oge urio			CITY OR TOWN (If outside corporate limits, write RURAL c. and give neatest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN	l (If outside corporate	limits, write R	URAL and give	nearest lown)
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dir file	0 15	-	MONTGOMERY COUNTY GENERAL H		11 Russi				YES [NO [Y
del eral aur istra		1	NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Day		
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유투양숙		3,	The state of the s	7	DATE OF BIRTH	los	birthday)	FUNDER LYEAR		Min.
事で記述			ALE WHITE WIDOWED	DIVORCED	11/18/92	6	·			
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offer be and		100	CLERK - MONTGOMERY ICO. R	OAO DEPT.	MARYL			U.	S. A.	
Hay		13	FATHER'S NAME		14. MOTHER'S MAIDE					
2 24 0	1	1	GEORGE DARBY JONES WAS DECEASED EVER IN U. S. ARMED FORCES? 14 SOC			VILES ALLN				
in 24 l re llag Page File po	11 2	13	. no, or unknown) (If yes, give war or dates of service)	26-1564	FORMANT		Address			
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축 i		7	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IDITING TO DEATH OUT NO	OT DELATED TO THE TE	Bullett Dictace Con	ADITION CHIEN	101000000	P. 1424 F. 111	TORCH
oge Office dos	~	101	PART II. OTHER SIGNIFICANT CONTROL CONTR	DENING TO DENIN BUT INC	DI KEDATED TO THE TE	KMINAEDISEKSE COI	ADITION GIVER	VIIN PAKI I(O)	PERFORA	MED5
in sign	*	CERTIFICATION	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HO	W INJURY OCCURRED. (En	the polyre of letters to	Part I as Bart II at the	_ 10 \		YES 🔀	но 🗌
is ce		ERT	PRIMARY or CONTRIBUTING	** II WORT OCCORDO (EII	net natore of injory in	ron i or ron ii or ne	m 10.3			
Exar		18		RY OCCURRED 20e. PLACE	E OF INJURY (Home, f	orm 1205 /City or to	um)	(County)		(Stote)
Sed Sagar		MEDIC	Hour o, m, While _	Not while toctor	ry, street, office bldg.,	etc.)	,	(00011))		(21010)
		≥	p. m. 19 at work 21, I certify that I took charge of the rem		e held as Auta	new PV Income	otion 🗆	Inchien T	1	1.1
EXAM riting of Med			death resulted from: Natural causes				ction [], ermined ca	Inquiry [, and til	nd the
AL E			A- Notified Codes [],	Accident [_], 3010	пое [_], потпо	rde [], Under	erminea ca	ose [].		
ie K	2		ACTUAL TOMAN O Bron to	act	CHIEF MEDICAL	EXAMINER (24/8/342	100
2024			SIGNATURE STATEMENT TO STATEMENT		_M.U.	DICAL EXAMINER		1	2/7/59	Q
UTY he ce rded	OAD!		EXAMINER'S NAME (Type) FRANK J. BROSCHART.	M. O.		AL EXAMINER X		'	-/1/3.	
DEPUTY Cute the ce forwarded	Ē	220		NAME OF CEMETERY OR C		22d. LOCATION	(City, lown, or	countyl	(Stote)	
0 pg 6	5	100	REMOVAL (Specify) 12/9/59 1	Imare.		Buch	Gullo	1 12	n d	
		23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. R	EC'D BY REGISTRAR	24b. REGISTI	RAR'S SIGNATU	RE	
VS. AISME(S)	}	-	711,000 m R 1170= 12	Austra Color Off.	mare DATE	DEC 1 0 '59	Ci	rthur S. H	rus	
5M 9/55			TANK AND THE PROPERTY OF	TO TOTAL	7 7 7					



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13034

CEPTIFICATE OF DEATH

13888

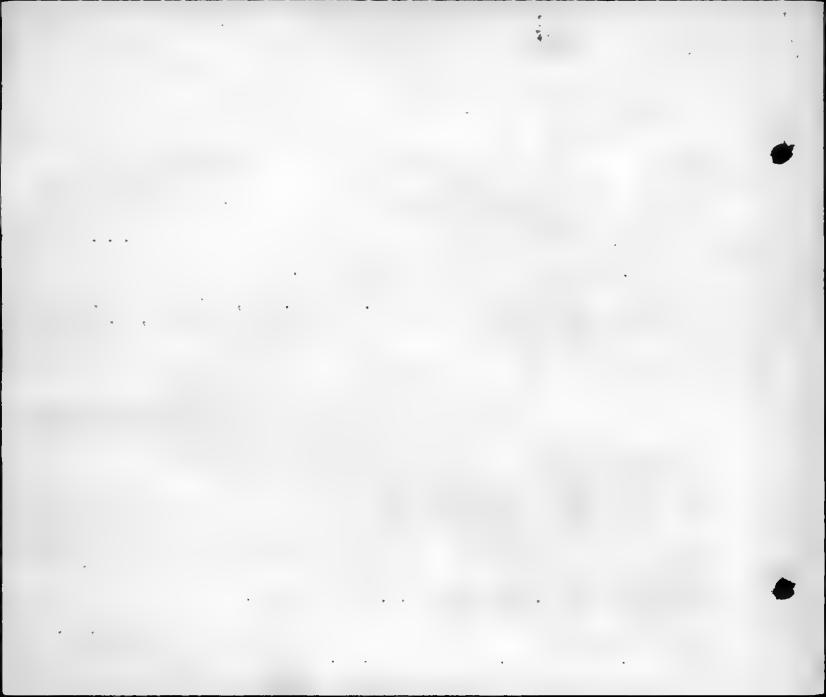
	A O A	QEIXIII	ווערוו	L OI DEAII	<u>- </u>		Reg. Dist. 1	No.	
1. PLACE OF DEATH			2	USUAL RESIDENCE (Who	ere deceased in	red. If institution	i: Residence b	efore admiss	sion)
Montgomery		MARYI	LAND	o. STATE Marylar	nd	b. COUNTY	Montgo	mery	
 b. CITY OR TOWN (If outside corpor RURAL and give nearest town) 	ote limits, wri	te c LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If ou	ulside corporate	limits, write RU	RAL ond give	nearest town	n)
Bethesda		2 days	X	Bethesda 11					
d NAME OF HOSPITAL (If not in ho OR INSTITUTION			13	d. STREET ADDRESS	alast Da				FARM?
The Clinical Cen			4d II	7608 Newman	Y				
3. NAME OF DECEASED (Type or print)	First	Middle		Last	4. DATE OF DEATH TO	Month	_		Yeor
	Ethlyr			Kassel	1	ecember	F UNDER 1 YE		19 59
5. SEX 6. COLOR OF	KACE / M	ARRIED 🔼 NEVER MARRIE		ATE OF BIRTH	_		Months Day	_	Min.
Female Whit		OWED DIVORCED		otember 19,	1906	53 yrs.	, ,	OF WHAT	
during most of working life, even it Librarian	retired)	Library	K INDUSTRE	Illinois	or roreign coun	iry)		S. A	
13. FATHER'S NAME		TITOI GIA	11	4. MOTHER'S MAIDEN N	AME			9 A	•
Sol Cohn				Theresa 1					
15. WAS DECEASED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	INFO	RMANT The Medi		Addre	55		
(Yes, no, or unknown) (If yes, give wor or									
No		None	1 The	Clinical Co	enter,	Bethesda	M ett.	arylar	ad
1B. CAUSE OF DEATH [Enter only	one couse pe	r line for (o), (b), and (c).]						NTERVAL BE	
PART I. DEATH WAS CAUS	ED BY:	hepati	Le com	8				hour	
3 1 1 1	DUE TO	metastati	ic can	cer of bream	st with				
Conditions, if ony, which				lungs, bone				3%	UPAS
gave rise to immediate	(b)	MO COLD COLD	20 00	Taren sourc	9 61101 1	1401		(Terra a
couse (a), staring the under-	DUE TO							+	J
lying couse lost.	(c)	· · · · · · · · · · · · · · · · · · ·							
PART II. OTHER SIGNIFICAN						ONDITION GIVE	N IN PART 1(o	PERFO	AUTOPSY DRMED?
gastrointes		oleeding - ?				6 15 2B 3		IES [A]	140
PART II. OTHER SIGNIFICAN gastrointes 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING II CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH UNER}	DESCRIBE HOW INJURY OF	CCURRED. (E	nter noture of injury in P	off I of Foff II	or (letti 18.)			
20c. TIME OF INJURY Month, D. Hour o. m.	oy, Yeor 20	d. INJURY OCCURRED	20e. PLACE	OF INJURY (Home, form,	20f. (City or	town)	(Coun	ty)	(Stofe)
Hour o.m.		nile Not while	foctory	, street, office bldg., etc.))				
	01	work ot work	1 0	70 5		70			
21. I certify that I attende	ed the dece								
alive an December 1	0-01	2.59, and that	death ac	curred at 7:15a					
ACTUAL Sten	I. Fee	us d.				t, city or lown, st		_	TE SIGNED
SIGNATURE			M.D.					1-10	7
PHYSICIAN'S JOHN L.	LEWIS	JR., M. D.		National Bethesda	Instit	utes of ryland	Health	1	
220 BURIAL CREMATION, 226. DATE REMOVAL (Specify) DEC.)	THEREOF	9 BNAI I	TERY OR CI	EMATORY CEMETERY	22d. LOCATION	N (City, town, or	county)	(Stot	
23 FUNERAL DIRECTOR'S SIGNATURE		ADDRESS ,	1177.5	240. REC'D	BY REGISTRAL	24b. REGIST	RAR'S SIGNA	TURE	
B. DANZANSKY	r 30/	VS - 350/-1	4 10) (DATE DE	C 1 4 '59	and and	lun 8. H	aug.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 harmoffer death. Page 4 may be referred by the haspital or attending physician.

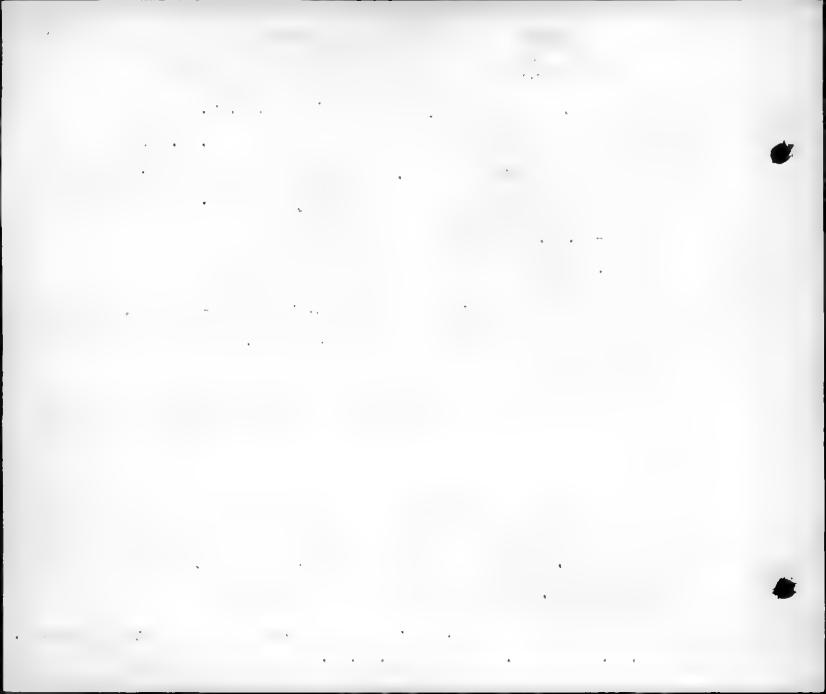
TO FUNERAL CIMECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye corban papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or remayal, and in any event within 72 haurs effect death. VS A15 (4) 15M 9/5B



			OLIVIII I					Reg. Dist.	No.	_	
1. PLACE OF DEATH o. COUNTY	ONTGOMERY		MARYLA		D. STATE MARY		b. COUNTY N			sion)	
b. CITY OR TOWN (If RURAL ond give nec		is, write	5 days	1ь Х		If outside corp	orote limits, write RUR	AL and give	nearest tow	n)	
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital, g 700 Adams	ive street Drive	address)	/3	d. STREET ADDRESS 112 McCom		ue		ON /	SIDENCE A FARM? NO X	
3. NAME OF DECEASED (Type or print)	Fir THOM		Middle WALTER	K	IRK	4. DATE OF DEATH	Decembe	r I	L8	Year 19 59	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARR	RIED NEVER MARRIED ED DIVORCED		25/81			Months Da	EAR IF UND	· · · · · · · · · · · · · · · · · · ·	
10o. USUAL OCCUPATIOn during most of working Excavating	ing life, even if retired	}	KIND OF BUSINESS OR I	NOUSTRY	11. BIRTHPLACE (SI	*		U.S	N OF WHAT	I COUNTRY	
13. FATHER'S NAME Henry C.	Kirk			14	Alice E.						
IS. WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of I	CES? 16.	SOCIAL SECURITY NO.	Mrs		. Kirk	Addres 3112 McCo	mas A			
1 1	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Δ.0	ne for (o). (b). ond (c).]	Fai	lure		Kensingto	n, Po	INTERVAL BI	etween Death ays	
	Conditions, if ony, which gove rise to immediate DIETO DUE TO TWO Weeks										
cottse (o), stoting t lying couse lost.	code (o), stoting the <u>under-</u> DUETO lying couse lost. (c)										
01d	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? Old Cerebro-Vascular Accident 200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)										
	CAUSE OF DEATH MEDICAL EXAMINER)										
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Ye	While	rk Ot while	factory	OF INJURY (Home, f street, office bldg.,	etc.)	3	(Cou		(Stote)	
alive an De	at I attended the	deceas			., 19 <u>59</u> , 10 curred at 3: 3 - 10609	ADDRESS (m the causes and Street, city or town, sta	d an the	t saw the date stat 18.	led abave	
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Robert T.	Thi	ibadeau, M	D.	<u>Kensir</u>		Maryland	_			
220 BURIAL, CREMATION REMOVAL (Specify) BURIAL			COLESVILLE			22d. LOCA	MONTGOMER		VIY, M		
23 FUNERAL DIRECTOR'S	PUMPHREY	INC.	ADDRESS SILVER SE	PRING	MD DATE	EC'D BY REGIS	19 24b. REGISTI	RAR'S SIGN			



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



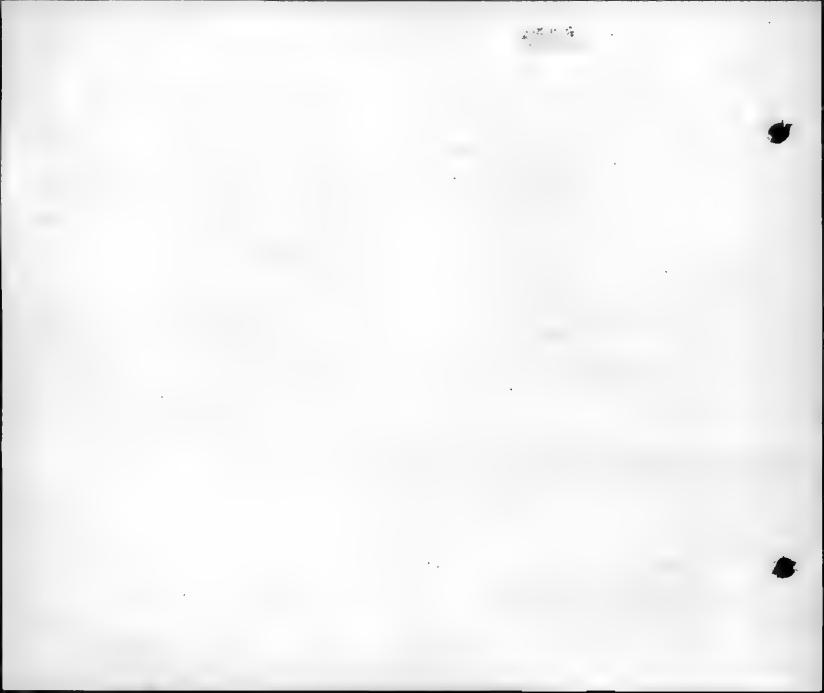
	10042		Reg. Dist. No. 1.
ī	PLACE OF DEATH Q. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution as STATE	n. Residence before admission)
1	MARYLAN MARYLAN	o. STATE maryland b. COUNTY	montgomery
_	b. CITY OR TOWN (If outside/carparate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carparate timits, write RU	IRAL and give (hearest tawn)
	Takoma turk 8 days	. 17 Takoma Park.	•
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Washington Jan. + Hospital	1 7312 Hower are	YES NO D
	NAME OF First Middle	Last 4. DATE Month	h Day Year
	(Type or print) Cah Cakford	to lear DEATH 12	15 1959
	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	I I man the second of the seco	IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male white WIDOWED DIVORCED	11-25-82 last offinally)	Manths Days Haurs Min
0a	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	Retired Salesman - Cemeter	4 Pennsulvania	u.s.a
77	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Charles Klein.	Mary alice Jones	
	5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Addre	ass
	Spanish american	Son-in-law.	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		ONSET AND DEATH
	12/AV DUETO		11/
	Canditions, if any, which) (b) Carille (aroll	ler tinal bricase	Chizone 3
	gave rise to immediate OUE TO dealers 77	relition on me	1. Ch. 2-6106
	lying cause last (c) CC21242-7	Thromboro My margle	Quest 6 hts:
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1		,	YES NO
A	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCU	RRED (Enter nature of injury in Part I ar Part II of item 18.)	
į	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e	PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) factory, street, affice bldg., etc.)	(County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Haur a. m. 19 at wark at wark at wark	Today, siles, diles orga, etc.,	
	21. I certify that I attended the deceased from Rivit	men 1925 to Sicc. A 1959	: that I last saw the deceased
		ath accurred at 2:15 M, from the causes and	
	- il ilan ilum	ADDRESS (Street, city or lawn, s	
	SIGNATURE OF REMEANDER OF THE SIGNATURE	PA D	11/
	V4 11111111	2221/ 4-1/	11/1/24
	PHYSICIAN'S TOUR C. MINIMUM	2/3/Countle/11	VAN/87/4
	20. BURIAL, CREMATION 226. DATE THEREOF 226. NAME OF CEMETER	OR CREMATORY 22d. LOCATION (City, Jawn, 19	r county) (State)
2	BEMOVA. (Specify) 12-17-59 (Main	VIIII Suit la	ma Inu
3	FUNDERAL DIRECTOR'S BIGNATURE ADDRESS		TRAR'S SIGNAPURE
-	I KI TUNINUK IYMIL WI	1021/14 E DEC 1 8 '59	/www.i

il director, filgetwith death. Page 4 funeral should be TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs d ni attending physician and completely filled Pages 1 remaye carban papers. Then please haspital or attending physician.

After this certificate has been signed by hed far use as the burial-transit permit.

may be retair

TO FUNERAL DIRECTOR:
page 3 shauld be detact TO HOSPITAL VS A15 (4) 15M 9/58



Į.		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18		
H		13843 CERTIFICATE OF DEATH Reg. 1	Dist. No.	385
161	1	PLACE OF DEATH O. COUNTY! Men ComeRy MARYLAND 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence of STATE Maryland b. COUNTY M.	ence before admission	on)
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LAKOMA TORK C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside garporate limits, write RURAL and give nearest town) ARE 55 milis AREN	i give negorest town)	
74		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ABSTRACT DAY & ASSTRACT AND THE ABSTRACT AND	e. IS RESID ON A F YES	FARM?
	3.	NAME OF DECEASED (Type or print) Name OF DECEASED (Type or print) Name OF DEATH Nonth	7	ear 9.57
		HEMPLE USE TE WIDOWED DIVORCED 6-29-94 (55 yrs. Months	ER 1 YEAR IF UNDER Doys Hours	Min
`	100	during most of working life, even if retired)	TIZEN OF WHATCO	DUNTR
\mathbf{I}	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME INKNOUNT TO 4 45 Kus based	,	
	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 710 Address 710		
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) CONDUCTOR (C).	INTERVAL BETY ONSET AND D	WEEN DEATH
-		Conditions, if ony, which) (b) Hyperttenses	234	< 1°C
	l	gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO		
4	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PA	PERFOR	
	CERTIFI	20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 1B.)		
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 While Not while of work	(County)	(Sto
		21. I certify that I attended the deceased from 545, 19/856 to 4 Dec., 195/that I alive an 4- Dec., 199, and that death accurred at 7-40M, from the causes and an till		
		ACTUAL SIGNATURE X LA SALE () S Cara (C MD. W. V.) C / S V. () E ROS		SIGN
1		PHYSICIAN'S RUSSOII B Arnold M.D. Shor Spring, Md		
	220	BURIAL CREMATION. 226 DATE THEREOF 22d NAME OF CEMETERY OR CREMATORY 22d OCATION (City, town, or country Burial (Specify) Le. 8, 1959 LAND WARRINGTON CIMILITY (MICH Supple Co	unly M	1

Caronal Kotyied V approved Le Cernold signing circy conte

22c. NAME OF CEMETERY OR CREMATORY

Oaklawn cemetery

ADDRESS

Wisconsin Ave. Washington, D.C.

22d. LOCATION (City, town, or county)

24g. REC'D BY REGISTRAR

DAT DEC 4

Hendersonville North Carolina

24b REGISTRAR'S SIGNATURE

arthur & Kraus

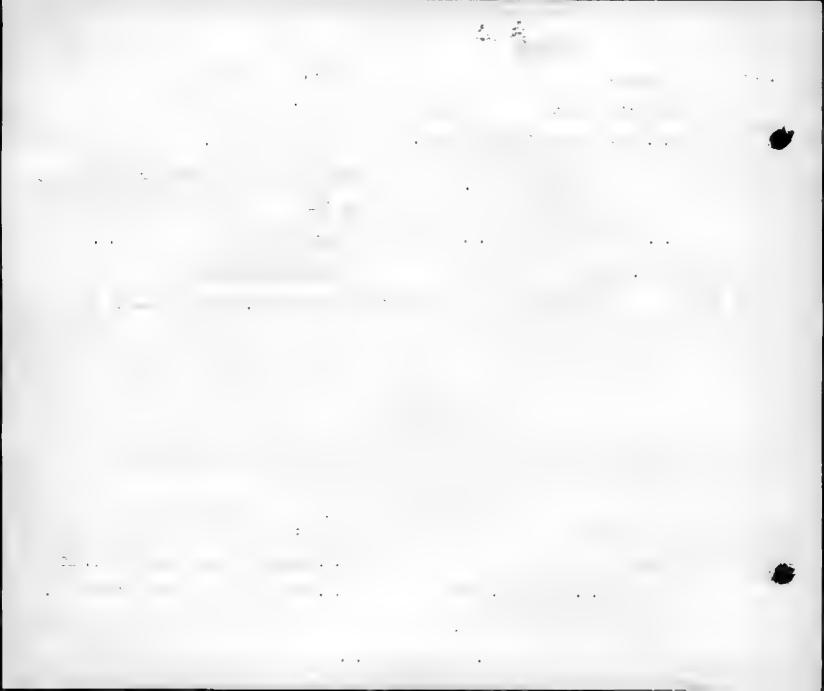
(State)

FUNERAL page 0 VS A15 (4) 15M 9/58

220. BURIAL, CREMATION, 22b. DATE THEREOF

2-5-59

REMOVAL (Specify)



moy be retal to the haspital at attending physicion.

TO FUNERAL DIMICION: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remave carbon pages 1 and 2 shauld be filed with ofter death. the registrar prior ta burial, crematian, ar remaval, and in any event within 72 hours

TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of eath Page 4

TO HOSPITAL

VS A15 (4) 15M 9/58

					neg. citi.		
1 PLACE OF DEATH o. COUNTY MONTGOMERY M		STATE MARYL		. If institution b COUNTY		ore admissio	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BETHESDA 15 yrs.	TAY IN 1b c.	CITY OR TOWN (IF O		nits, write RU	RAL and give no	earest town)	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 1209 GLENROSE ROAD	10	STREET ADDRESS 4209 GLEN	ROSE ROA	D		e. IS RESID ON A F YES [FARM?
3. NAME OF First Mi DECEASED (Type or print) EMIL W.	ddle K	Lost RYZ	4. DATE OF DEATH	Month DE		-/	9 5 9
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER M. WHITE WIDOWED DIVO		E OF BIRTH /12/92	9. AC ios 6	birthdoy)	Months Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR CONSTRUCTI		1. SIRTHPLACE (Stote OHIO	or foreign country		U.S.		UNTRY?
13. FATHER'S NAME	14.	MOTHER'S MAIDEN N	NAME		-		
Unknown		Unknown					
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY [Yes. no. or unknown] [(If yes, give wor or dates of service)	9.6		Transaction of O	Addre		1	
no 578⇔28⇒720	1 Mrs.	Bertha H.			, Mary		
200 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJUIT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 While Not while of work of work of work	D DEATH BUT NOT R O ATTLL RY OCCURRED. (Enter	F INJURY (Home, farm freef, office bldg., etc.	Port I or Port II of	item 18)	(County	PERFOR YES [UTOPSY MED?
21. I certify that attended the deceased from a dive on 19 19 19 19 19 19 19 19 19 19 19 19 19	that death accu		M, from the ADDRESS (Street,	(causes and	tote)	e stated	abave.
270. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF	CEMETERY OR CREATE	MATORY	22d. LOCATION	City, town, o	OUNTY, N	(State))
23 EUNERAL DIRECTOR'S SIGNATURE INC. SILVER	SPRING, M	D.	DEC 11 '59		TRAR'S SIGNATI		



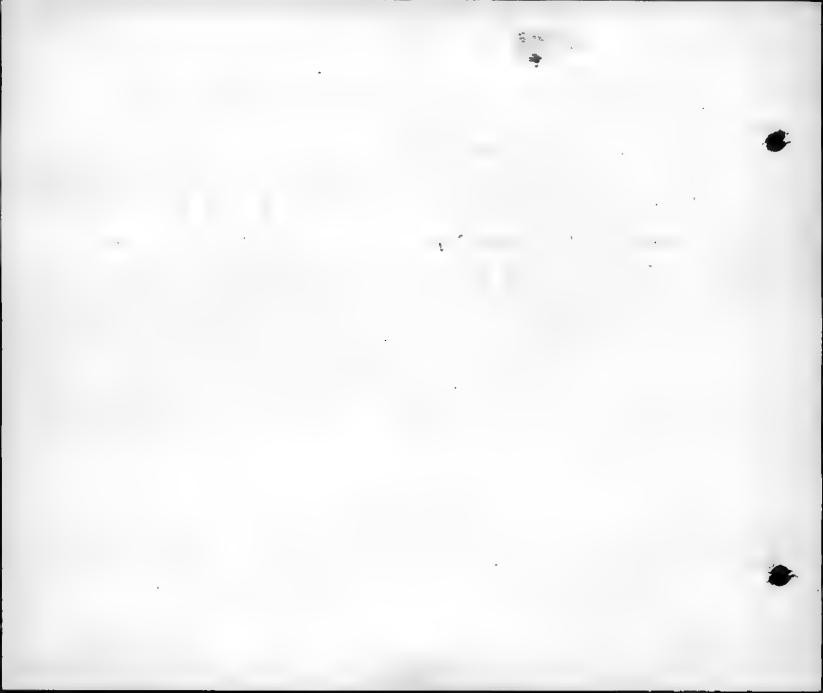
With director, filed eral should within 24 haun pup .5 filled campletely papers. puo 500 that the death certificate be É physician 2 attending ease ā been signed **burial-transit** certificate After this CTOR: FUNERAL bage 0 VS A15 (4) 1SM 9/SB

NAME OF

S. SEX

CERTIFICATION

DECEASED



12000

CEPTIFICATE OF DEATH

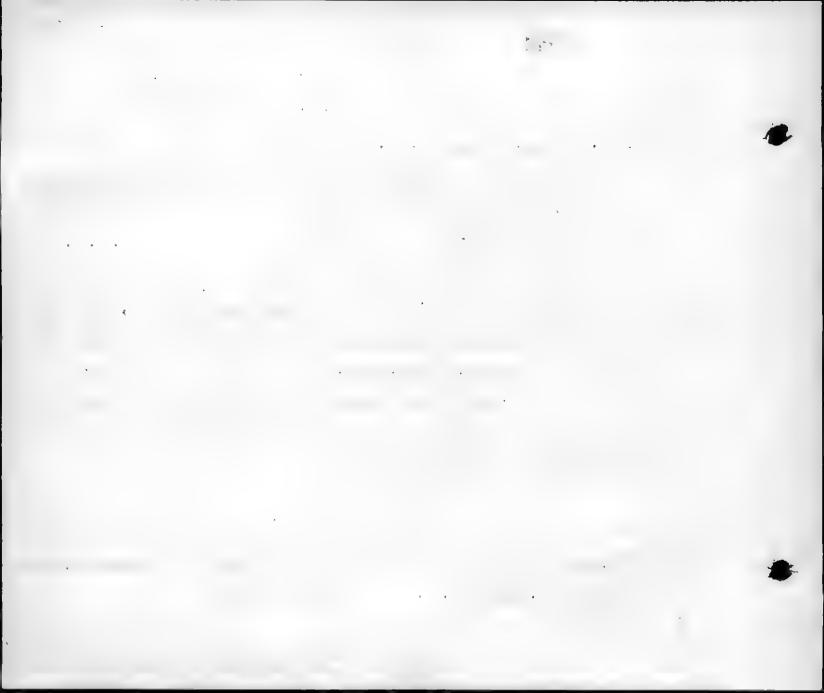
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C. Pag & do

_	79393	CERTITIO	AIL OI DEAII		Reg. Dist	. No.
1	PLACE OF DEATH d. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Virginia	b. C0	institution. Residence DUNTY Arlington	e befare admission)
	b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or			ve negrest town)
-	Bethesda. d. NAME OF HOSPITAL (If not in haspital, give street	89 days	Arlington		J = X - 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	OR INSTITUTION	ethesda 1/1. Md.	d. street address 5912 North	9th Street		e. IS RESIDENCE ON A FARM? YES NO√F
3.	NAME OF First	Middle	lost	4. DATE	Month	Day Year
	DECEASED (Type or print) EVE	(None)	Laiken	OF DEATH DO	cember	28 150
S.		RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In	years IF UNDER	YEAR IF UNDER 24 HRS
	Female White WIDOW		July 4, 1904	lost birt		Days Hours Min.
100	b. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)			ar foreign country)	12.CITIZ	EN OF WHAT COUNTRY?
12	Housewife FATHER'S NAME	None	New York	IA IAE		S.A.
13.						
_	David Feldman		Lena Goodma			
15. (Yi	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 Is. no, or unknown) (If yes, give wor or dates of service)	229-44-8744	the Clinical Co	dical Recor		Maryland
	18. CAUSE OF DEATH [Enter only one cause per I PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) he H442 X DUE TO					INTERVAL BETWEEN ONSET AND DEATH days
	Canditions, if any, which) (b). Ca	rdiac decompen	sation			weeks
	gave rise to immediate DUE TO					
	lying couse lost (c) Ch	ronic renal di	sease with ure	emia		month s
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THETERMI	NAL DISEASE CONDIT	on given in part	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20₀. ACC.DENT WAS UNDERLYING ☐ 20₺. DES OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in P	Part I ar Part II of stem	1B.)	
MEDICAL CERTIFICATION	20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. White p. m. 19 of wo	Nat while fa	LACE OF INJURY (Hame, form, sciency, street, affice bldg., etc.		{C.	ounty) (State)
	21. I certify that I attended the decea alive an December 28 19 ACTUAL SIGNATURE GUYLING CO. PHYSICIAN'S LAURENCE E. EART	59, and that death	h accurred at <u>8:30P</u> 	M, fram the caus ADDRESS (Street, city of all Genter astitutes o	ses and an the r town, state) Deceminate Health	t saw the deceased date stated above DATE SIGNED DET 29, 1959
22	BURIAL, CREMATION. 226. DATE THEREOF BURIAL (Specific) 12/31-1959	Mat & Mean	PORCREMATORY	22d. LOCATION (City,	church	(State)
23.	FUNERAL DIRECTOR'S SIGNATURE for	rend grown 4217	9 St Minista. REC'E	D BY REGISTRAR 24E	b. REGISTRAR'S SIG	

ofter death. Page 4 e funeral director, tired with Pages 1 and 2 shauld be TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs, may be related by the haspital ar attending physician.

TO FUNERAL DEXCTOR: After this certificate has been signed by the attending physician and campletely filled in the page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death VS A15 (4) 1SM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** director, ifed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE Filed **b.** COUNTY MARYLAND "avyland funeral b. CITY OR TOWN (If outside corporate timits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) 망 3 days aroma d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION San. and ashing ton .⊆ NAME OF Middle DATE Month filled DECEASED (Type or print) DEATH Pages Joseph 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years lost birthdoy) DIVORCED II ale WIDOWED [4 yes. papers. comple 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working ife war to thetired) Postal Dept. England pup carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Shea unknown unknown Lane **Move** 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. INFORMANT Address (If yes, give war or dates of service) 271-05-9201 UZS WW. I ottending eose 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gned gove rise to immediate DUE TO couse (o), stating the underlying couse lost. peen IT NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO 19. 20a, ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of murry in Port I or Port II of item 18.) certificate OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or Iown) foctory, street, office bldg., etc.) o. m. While Not while at work at work **59** that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 2:13 A.M., from the causes and an the date stated above. ECTOR: ADDRESS (Street, city or town, ACTUAL 3 should PHYSICIAN'S NAME (Type) 22d. LOCATION (City, town 220 BURIAL CREMATION. 22b. DAVE THEREOF 22c. NAME OF CEMETERY OR CREMATORY page BURIAL (Specify) 12/17/59 ARLINGTON ARLINGTON NAT'L. CEMETERY VIRGINIA 0 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** WARNER E., PUMPHREY SILVER SPRING, MD. arthur S. Traus

VS A15 (4) 15M 9/5B

Reg. Dist. No O. IT GOMERU

e. IS RESIDENCE

Day

IF UNDER 1 YEAR, IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS ALTOPSY PERFORMED? YES NO R

(Stote)

(Stote)

Dovs

U.S.A.

(County)

r county)

DATE DEC 21 '59

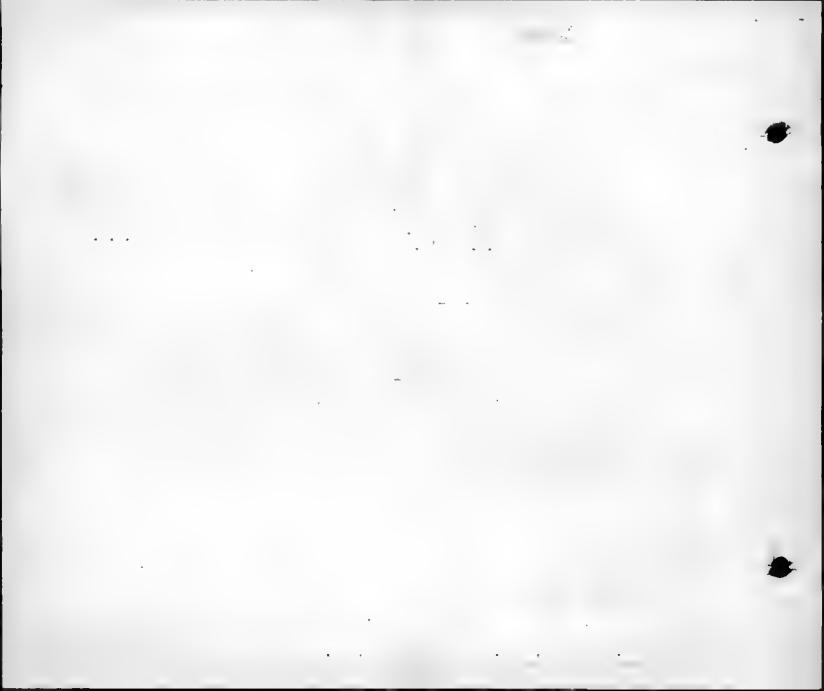
Months

ON A FARM?

YES NO D

Year

1959



CERTIFICATE OF DEATH

Pag Diet No.

		13940		CERTIF	ICA	re of d	EATH	1		Reg. Di		21	
1	PLACE OF DEATH . COUNTY Montgomer			MARYL		2. USUAL RESID	ENCE (WH	nere deceased	d lived. If instituti b. COUNTY		nce befor	re odmis	sion)
Г	b. CITY OR TOWN (IF RURAL and give nec	autside corporate limi	its, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TO	OWN (If o	outside corpo	role limits, write R	URAL ond	give nec	arest fow	m)
	Bethesda	(Rural)		71 days		St. Pe	tersl	burg		4-8 x	(
	d, NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, ç	ive street	address)		d. STREET AD						e. IS RE	SIDENCE A FARM?
	U.S. Nava	l Hospital	, Bet	thesda Md.		2835 2	9th 1	Avenue	North				NO 🛚
3.	NAME OF	Fil	st	Middle		Lost		4. DATE OF	Mor	ith	Đa	ly	Year
	(Type or print)	Joh	n	(n)		LAW		OF	Decemb	er	30)	1959
S.	SEX	6. COLOR OR RACE	7. MARI	RIED K NEVER MARRIED	В	DATE OF BIRTH			9. AGE (In years lost birthday)	IF UNDER			DER 24 HR
	Male	White	WIDOW	ED DIVORCED		5-12-07			52 yrs.	Months	Days	Hours	Min.
10	during most of worki	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTI	Y 11. BIRTHPLA	CE (State	or foreign c	ountry)	12. CIT	IZEN OF	WHAT	COUNTRY
L	U.S. Navy			S. Governme	ent	Pe	nnsyl	lvania		U	I.S.		
13.	FATHER'S NAME					14. MOTHER'S /	MAIDEN N	NAME					
Ł	John TAW					Fanny	BRAI	NAN					
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.		THAMSO			Add		11 -		
L	Yes				(W1:	e) Mrs.	Hel	en A I	aw Sam	e as	#2		
			use per li	ne fay (a), (b), and (c).]		6		5	15		INTE	RVAL B	ETWEEN D DEATH
		'H WAS CAUSED BY: IMMEDIATE CAUSE (c)	13, milio	gen	c ca	n Cu	whi (Jun	3			
	16 .1	DUE TO		E m	lit	will m	edu	stud	its	0			
	Conditions, if on)			4							
	gave rise to im couse (a), stating t)										
_	lying cause lost.) (c)										
CATION	PART II OTHI	er significant con	DITIONS	CONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO	THETERM	INAL D SEASI	E CONDITION GIV	/EN IN PAI	₹T 1(o) 1	PERF	AUTOPSY ORMED?
CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20ь. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of	injury in	Part I or Par	t (I of item 18.)				
MEDICAL	20c. TIME OF INJURY Havr o. m. p. m.	Manth, Doy, Ye	White of wor	Nat while	20e. PLAC focto	E OF INJURY (H ry, street, office	lame, farm bldg., etc	1, 20f. (City	or tawn)	((County)		(Stote
	21. I certify the	at I attended the	deceas	ed from 20 Oct	ober	. 19 59	10 30	Decen	1ber 1959	that I le	ast say	v the i	decease
	alive an 30 I	December	. 19	59 and that a	death c				the causes ar				
		a 1) .	n n_	0					treet, city or town,		0 0010		TE SIGNE
	ACTUAL SIGNATURE	Other has	tten	Leves	M.	U.S. 1	laval	Hospi	tal, Bet	hesda	ı Md	. 12	-30-
	PHYSICIAN'S NAME (Type)	.M. LEWIS	LT MO	USNR		U.S. N	laval	Hospi	Ital, NNM	C, Be	the	sda	Md.
l	BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREC)F	230. NAME OF CEMET				1	TION (City town,			(Sto	te)
-	uria	11/14-15	0	Peacedale	Ceme	tery		Highl	Land Fall	s, Ne	ew Ye	ork	
	EUNERAL DIRECTOR'S		mb/	ADDRESS			24a. REC'	D BY REGIST		STRAR'S SI	GNATU	RE	
10	Rinaldi 816	Stree	et N.	E. Washingt	on,	D.C.	DATE JA	N 5 '6	i0 a.	12 m P	do		

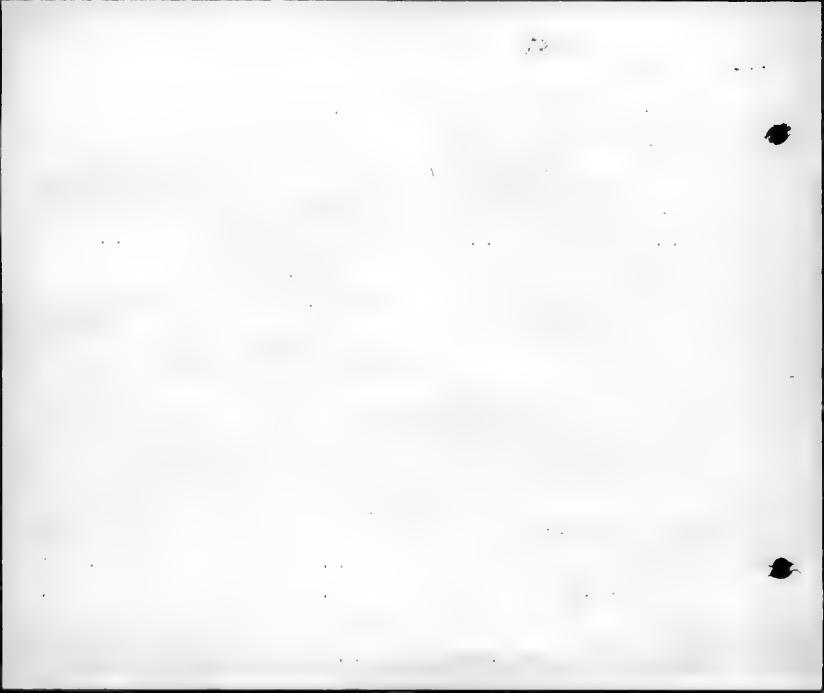
DATE JAN 5

arthur & Huma

r death. Page 4 funeral director, ald be filed with should ATTINDING INVICTAN: The low requires that the death certificate be executed within 24 hours may be retainty the hospitol or ottending physicion.

SEUNERAL DIACTOR: After this certificate hos been signed by the ottending physicion and completely filled in bipage 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages I and the registror prior to burial, cremotian, ar removal, and in ony event within 72 haurs after death. TO HOSPITAL OF may be retain TO FUNERAL D

VS A1S (4) 1SM 9/58





	1394		CERTIFIC	AIE U	DEAIL	1		Reg. Dist. No	,
1. PLACE OF DE	ATH			II A STATE	RESIDENCE (WI	nere deceased liv		n: Residence befo	re admission)
G. COOI411	Montgomer	r*77	MARYLAND	0. 31611	Mary1	and	b. COUNTY	Montg	omerv
b. CITY OR TO	WN (If outside corporate li	imits, write c	LENGTH OF STAY IN 18	c. CITY			limits, write RU	RAL and give ne	
	give negrest town) hesda			Y	Bethe	eda			
d NAME OF	HOSPITAL (If not in hospital	l, give street add	ress)	/ d STRE	ET ADDRESS	-bua		I	e 15 RESIDENCE
OR INSTITU				'	E006	Hamada	m Tama		ON A FARM? YES NO 1
	<u>6 Hampden I</u>					Hampde			
NAME OF DECEASED		First	Middle		Lost	4. DATE OF	Month	Do نوسر	y Year
(Type or print)	Markar		M	Leh		DEATH	Dec		19 59
SEX	6. COLOR OR RAC	E 7. MARRIED	NEVER MARRIED	B. DATE OF	BIRTH	9. /		Months Days	IF UNDER 24 HRS
Femal		WIDOWED 2		Jan		L868	9/ yrs.	11 6	HOOIS MIII
a. USUAL OCC	UPATION (Give kind of wor of working life, even if retir	rk dane 10b. KIN	D OF BUSINESS OR INC	USTRY 11. BIRT	THPLACE (State	ar fareign caunt	ry)	12. CITIZEN O	F WHAT COUNTRY?
	ewife	0	wn Home		Washi	ngton	D. C.	U.S	
FATHER'S NA		4		14. MOTH	ER'S MAIDEN I				
М	ichael O'Co	nnor		F	llen N	Avers			
	ED EVER IN U. S. ARMED FO		TAL SECURITY NO	INFORMANT	TTEH P	lyclo	Addre	55	
his, no, or unknown	(If yes, give wor or deter t	of service)			Vool	3	To do o on o		24
No				arre_r	. Keal	y-daug	mer-s		2d
	OF DEATH [Enter only one		or (o), (b), and (c).]) -0 .				ONS	ERVAL BETWEEN
PAKI	I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(0)	2 minus	retire	statue	reeur	none		2000
90.	+ O DUE	10		. 1				_) 0
	s, if any, which	(b)	raction	Hu	-				Mart
	to immediate (XDUL)			1					
lying cous	Torring till dilate	(c) X	teneraly	XX	den	vaclin			YEAKJ
PART	II OTHER SIGNIFICANT CO		TRIBUTING TO DEATH B	UT NOT RELATE	D TO THE TERM	INAL DISEASE CO	ONDITION GIVE	N IN PART 1(o)	9 WAS AUTOPSY
PART									PERFORMED?
20a ACCIDE	NT WAS HINDERLYING TO	20b- DESCRIB	E HOW INJURY OCCUR	RED (Enteranolu	re of injury in	Part I or Part II e	of item JBJ		
20a ACCIDE OR CONTRIE (IF EITHER, N	NT WAS UNDERLYING MELTING CONTROL CAUSE OF DEAT NOTIFY MEDICAL EXAMINES	rH Late At III.	e How William occur bun Hospita	bick	up a's	trin, &	fell -	taken	
			ah.		~e- 0 ,	20f (City or		m that	
20c TIME OF	K No.	NA/feite	New substa	factory, street, o	office bldg , etc			(County)	
6	p. m. May 29 19	9 5 Pot work	at work TE	er Home		Buthe	sda	Mont.	Marylan
21. I cert	ify that I attended th	he deceased	fram Ma	, 195	56, ta	Ou 1	1959, t	hat I last sav	w the deceased
alive on_	Acre 6	. 19 5	2_, and that dea	th accurred	at & A	M. from the	,		stated above
						ADDRESS (Street	and the same of th		DATE SIGNED
ACTUAL SIGNATURE	α	000	unaz	un fo	16 /10	en elea	28 (B.	Third h	12/8/
SIGNATURE	715	3 6		_M.D. <u>Q</u>				ANAZO JE	
PHYSICIAN'S	Leo I. Do	onovan.	M D	801	6 0ld	George	town R	d. Bet	hesda M
1	MATION, 22b. DATE THER								
REMOVAL (S	pecify)	,	C. NAME OF CEMETERY				N (City, town, or	.,	(Stole)
Buria		/59	Mt. Olive				ingtor		
Rober	ECTOR'S SIGNATURE LA. Pumphi	rev Be	ADDRESS da Ma	rvland	24a REC	D BY REGISTRAR		IRAR'S SIGNATU	
		,		7	DATE DE	C 1 0 '59	Ciri	MINT D. TURN	WD.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Beath. Page may be recorded by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled they the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death VS A15 (4) 15M 9/58

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VS A15 (4) 15M 9/58

	MARY	LAND STATE DEPARTM	LENT OF HEALTH-BAL	TIMORE, 18	4 " M. A									
1	120/3	CERTIFICATE OF DEATH Reg. Dist. N. 3942												
/	a. COUNTY		USUAL RESIDENCE (Where deceased o. STATE	l lived, If institution: Res	idence before admission)									
	Montgomery		Maryland		lontgomery									
	 b. CITY OR TOWN (If outside corporate Time RURAL and give nearest town) 	mits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corpo	rote limits, write RURAL a	and give nearest town)									
	Kensington	l ¹ / ₂ years	X Kensington	<u>. </u>										
	d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION		d. STREET ADDRESS		e, IS RESIDENCE ON A FARM?									
	9533 East Bex		9533 East	Bexhill D	rive YES NO 🔀									
	3. NAME OF FI DECEASED (Type or print) MTNN	First Middle	LOWER 4. DATE OF DEATH	Manth	Day Year									
	5. SEX 6. COLOR OR RACE		LOWER DEATH B. DATE OF BIRTH	9. AGE (In years IF UN	er 10 1959									
	Female White	WIDOWED TO DIVORCED	3/5/1871	last birthday) Mont										
	10a. USUAL OCCUPATION (Give kind of work	k done 10b, KIND OF BUSINESS OR INDU	-/-/		CITIZEN OF WHAT COUNTRY?									
	during most of warking life, even if retired Housewife	Own Home	Kansas		U. S.									
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME											
	Charles Potte	r	Lavinia Har	rtley										
Н	15 WAS DECEASED EVER IN U. S. ARMED FO (Yes, no. or unknown) (If yes, give wor or dates of	PRCES? 16. SOCIAL SECURITY NO.	INFORMANT	Address										
	No	511-12-9186-A	Mrs. L. B. Cra	abbs-daugh	ter-same 2d									
	18. CAUSE OF DEATH [Enter only one c	and the second s			INTERVAL BETWEEN									
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ((0) Cerebral	Thronton		10 mmet									
	332X DUE TO	0												
	Canditians, if any, which	gove rise to immediate												
	couse (a), stoting the under-	0			,									
	lying cause last. (c)													
3	PART II OTHER SIGNIFICANT CON	TOTAL CONTRIBUTION TO DESTINATION OF THE PROPERTY OF THE PROPE	THO REDUIED TO THE TERMINAL DISEASI	CONDITION GIVEN III	PERFORMED? YES NO TO									
		20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Part	II of item 1B }	I IS RO									
	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)													
	20c. TIME OF INJURY Month, Doy, Ye Hour a. m. 19		ACE OF INJURY (Hame, farm, 20f. (City	or tawn)	(County) (Stote)									
	Hour a.m. 19	While Not while of work of while	clary, street, office bldg., etc.)											
	21. I certify that I attended the	e deceased fram har 1	, 1959, to Jac.	19_2 9that	l last saw the deceased									
	alive an Alec 5	, 19 <u>59</u> , and that death	accurred at 2 A.M. fram											
	Acc.	o CC		reet, city ar tawn, slate)	DATE SIGNED									
	SIGNATURE CELETAN	R. Driver	M.D. 4325 496	54 N. 4. 2	Galance 12/10/5									
	PHYSICIAN'S Clifton R	. Gruver	4325-49th St.	N. W. Was	h. D. C.									
	220. BURIAL, CREMATION, 22b. DATE THERE	OF 22c. NAME OF CEMETERY O	OR CREMATORY, 22d. LOCAT	ION (City, tawn, or coun	ly) (State)									
	Bur-Transit 12/10	1/59 Washington		nington, K	ansas									
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC'D BY REGIST	RAR 246, REGISTRAR'S	SIGNATURE									
	Robert A. Pumphr	ey Bethesda, Ma	eryland DATENEC 1 4 '59	aretur 2	d. / Walla									



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 9 FilmG254 12-55-59 et CERTIFICATE OF DEATH 12072

13993

Lucas

				Kañ Diz	11. 140
1. PLACE OF DEATH o, COUNTY		2, USUAL RESIDENCE (W			ce before admission)
Montgomer	MARYLAND		land	Mont	gomery
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporate lin		
Carrol Hall		4903	Montgo	mery Lane	
d, NAME OF HOSPITAL (If not in haspital give stre OR INSTITUTION	et address)	d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
Kensington, Marylar	<u>nd</u>	Beth	<u>nesda, M</u>	aryland	YES NO X
3. NAME OF DECEASED (Type or print)	E G Middle	Lucas	4. DATE OF DEATH	Manth 1.2	Day Year 19 59
5. SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AG	[In years IF UNDER	
T (2) WIDO	WED DIVORCED	Sept. 5.	1895 64	yrs. 3	Pays Hours Min
10a USUAL OCCUPATION (Give kind of work dane 10	B KIND OF BUSINESS OR INDU		ar foreign country)	12.CITI	ZEN OF WHAT COUNTRY?
during most of working life, even if retired) Housewife	Own Home	Alab	ama	US	
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
Kendrio	k			Sa	cks
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	NFORMANT		Address	
	es-Unknown	William Luc	as-son-	same as 2	d
18. CAUSE OF DEATH Enter only one couse per	line for (a), (b), and (c).]				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	myronzdi	al Rear for	rction	Bouto	ONSET, AND DEATH
420.1 DUE TO	- Maria				177.0473
Canditions, if any, which)	astoria co	lerosis a	eneralis	5/	
gave rise to immediate Dus To	TIPIEPIO JE	TE POSTS 9	+ m crains	7.4	
tring cours lost					
10/	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONT	DITION GIVEN IN PART	I I(o) 19, WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITION					PERFORMED? YES NO 🕶
# 20a, ACCIDENT WAS UNDERLYING [] 20b D	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of i	tem 18 }	
3 20c. TIME OF INJURY Month, Doy, Year 20d	. INJURY OCCURRED 20e PL	ACE OF INJURY (Hame, farr	n, 20f. (City or tow	'n) (C	County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d Hour a.m. 19 of w	le Not while to	ctory, street, affice bldg., et	c)		
21. I certify that I attended the dece		2 , 1959, 10	12-1	2 10 5 Gabara I Ia	st saw the deceased
alive an 12 - 18, 19	/ =	0//			
	C	decorred disp.	ADDRESS (Strept, ci	uuses unu un me Ivar town, stotal	date stated above. DATE SIGNED
ACTUAL SIGNATURE Office), Morton	MD. Be	thesda	md	12-18-5
PHYSICIAN'S Alfred S. I	Norton	Bethes	da, Mar	yland	
Bur-Transit 12/20/59	22c. NAME OF CEMETERY OF EVERGREEN			onville,	Florida
23 FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey	Bethesda, Ma	well and	D BY REGISTRAR	24b. REGISTRAR'S SIC	

DATOEC 2 4 '59

arthur S. Kroun

VS A15 (4) 15M 9/58



13904

12070

CERTIFICATE OF DEATH

		13343		CEKTIFIC	AIE OF L	EAIH			Reg. D	ist. No.		
1	PLACE OF DEATH o. COUNTY MONTGOMERY			MARYLAND	2 USUAL RESID	MARYLA		lived. If institut			re odmisi	
H		SIDL CO.			. at to the a							
	b. CITY OR TOWN (* RURAL and give no CHE	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHEVY CHASE										
H	d. NAME OF HOSPIT	, d STREET A		GIANI	2			e. IS RES	IDENCE			
	OR INSTITUTION 4321 Leland Street			et	/ 4321	Lelan	id Str	reet				NO R
3.	NAME OF DECEASED (Type or print)	MARY	t	AGNES AGNES	MAGRUDER Los	4	OF DEATH	DEC.	nth	17	7	Year 159
5.	FEMALE	1.11.1 11.11.12	7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 2/21/8			9. AGE (In years lost birthdoy) 77 yrs.	Months	R 1 YEAR Days	Hours	ER 24 HRS Min.
10	during mast of war	ON (Give kind of wark d king life, even if retired) 38 (retired)		KIND OF BUSINESS OR INDI		ACE (State or	foreign co	untry)		TIZEN OF	WHAT	OUNTRY?
13	. FATHER'S NAME	Ju (Lucinou)		14. MOTHER'S MAIDEN NAME								
	JAMES LE	EAMAN		EVELYN M. GLOYD								
		R IN U.S. ARMED FORCE		SOCIAL SECURITY NO.	INFORMANT	•		Add	lress			
ľ	NO (If you give wor or dates of service) 577=50-2558 Mr. John H. Magruder, Sr.,											
CERTIFICATION	Conditions, if a gove rise to it cause (a), staling lying cause lost.	the under- DUE TO (c).		Literiosder	ris, 9	each	L.	CONDITION OF	VEN (14 04	87 14 3 13	5 m	¥.
	PARI II. OII		MITONS C	ONTRIBUTING TO DEATH BU		THE TERMINA	AL DISEASE	CONDITION GE	VEN IN PA	KI I(a) I	PERFC	RMED?
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED Haur a m. While Not while of work of work of work of work of work of work.											
	21. I certify that I attended the deceased fram. OCT., 19.5.8 ta. DEC 17, 19.59, that I last saw the deceased											
	alive an DEC, 17, 1929, and that death accurred at 7 P, M, fram the causes and an the date stated above. ADDRESS (Street, city ar town, state) DATE SIGNED											
	ACTUAL SIGNATURE	Leo M.	C	ertes	_M.D	Viscon	sin A	ve.		!		/59
	PHYSICIAN'S LEO M. CURTIS NAME (Type) Bethesda, Maryland											
2.	REMOVAL (Specify)		F	22c. NAME OF CEMETERY				ION (City, town,			(Stol	
23	L FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	ORTHEREX	24o. REC'D	PRINCE By registe		OUNT'Y ISTRAR'S S			MD
	WARNER E.		INC.		ING, MD.	DATE DEC			rethung 2	. Hra	A	

Ifter death. Page 4 TO HOSPITAL ATTENDING FIRM EACH The law Equires that the death mertificate be executed within 21 him of fler death. Page 4 may be rate if y the hospital or attending paysician and page 3 should be detached for use as the burial-transit permit. Then please remaya. Carbon pages 1 and 2 should be filed with the registrar prior to burial, cremarian, or remayal, and in ony event within 72 fours after death.

VS A1S (4) ISM 9/SB

6



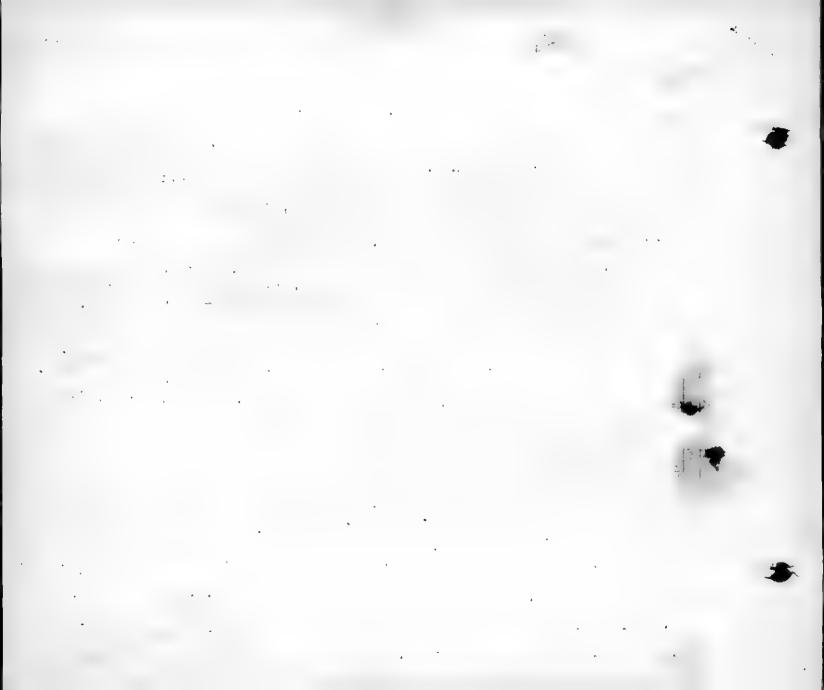
VS A15 (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13945 CERTIFICATE OF DEATH

Reg. Dist. No. 13905

1. PLACE OF DEATH o. COUNTY M ontgomery MARY						2 USUAL RESIDENCE (Who o. STATE		lived. If institution b COUNTY		e before odmi	ssion)
	b. CITY OR TOWN (IF RURAL and give near Bethe	outside corporate limitest town)	s, write	c. LENGTH OF STAY IN	V 1Ь	c. CITY OR TOWN (If o		ate limits, write RI	JRAL and gi	ve negrest for	rn)
	d. NAME OF HOSPITA	L (If not in hospital o	ive street or	IA hrs	3	d. STREET ADDRESS	esda				SIDENCE
	Su bu	rban Hospi	tal			53II Roos	velt S	St:			A FARM?
	3. NAME OF DECEASED (Type or print)	Pau la	st	E. Middle		Mahler	4. DATE OF DEATH	Moni Decembe		Day 2T	Yeor
	S. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	□ B	. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1	YEAR IF UND	7
	Female	White	WIDOWED			March 4,		67 yrs.	9" '	17 Hours	Min.
	100 USUAL OCCUPATION during most of working	N (Give kind of work on ng life, even if retired)	lone 10b. K	IND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote of	or foreign co	untry)	12 CITIZ	EN OF WHAT	COUNTRY?
1	Physician	n		orivate pra	ct.	Austr			USA		
	13. FATHER'S NAME					14. MOTHER'S MAIDEN N					
_		tone Tre						Kastne			
		IN U.S. ARMED FORE yes, give war or dates of se	HVICE]			FORMANT Montre					
	No			None	Lo	uise Treid	l-Kah	n-8514	Cote	St.	
		H (Enter only one col H WAS CAUSED BY:	use per line	for (o), (b), and (c)]	1	a.V				ONSET ANI	ETWEEN DEATH
		IMMEDIATE CAUSE (6)		All-orto	- The .						
	451X	OT 3UC	100	111		1 1.70	-			10	
	Canditions, if on	mediate	1666	alang	10	leyfabites	ance	2011/10	ar .	1 CEN	eg
,	couse (a), stating the lying couse ast.		Pub	hutkai	26	quincil	and	lunk	22	14	Tyz
1	PART II. OTHE	R SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEAT	H BUT N	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19 WAS PERF	AUTOPSY ORMED?
-	3 ACC 551 T 1946		DAL DE-C-					14		YES [NO I
	20g. ACCIDENT WAS OR CONTRIBUTING I	SEDICAL EXAMINER)		THE HOW INJURY OCC	LU KKED.	. (Enter noture of injury in P	ort Lar Part	I of item IB			
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yeo	While	Not while of work	Oe PLAC fock	CE OF INJURY (Home farm, ory, street, office bldg., etc.	20f {City	or fown)	(Co	ounty)	(Stote)
	21. I certify the	t I attended the	deceased	d fram May	19	5 49 , to 1	2.2	1-56	that I las	t saw the	deceased
	alive an	2-2/2	5.78	1	leath (accurred at 2/1		he causes and	d an the	date state	
,	ACTUAL SIGNATURE	Thu	OK	alter	-2-/M	7930 Derry	na a	ue Sifu	P 5/2	ULG!	7-2153
'	PHYSICIAN'S NAME (Type)	Joh_n_0_	Pobbe	7		7930 Georg:	ia Av	e. Silv	er Sj	pring	Md
	220 BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREO	F	22c. NAME OF CEMET		CREMATORY		ON (City, town, o		(Sto	te)
	Gremation		59		11	Crematory		tland,			
	23. FUNERAL DIRECTOR'S Robert A		037	ADDRESS	Ma		BY REGISTR		TRAR'S SIGI		
	MODEL C	· rombur	Ey I	bernesda,	ria Biri	ryland DATE DE	LUZB C	Da CT	rthun S.	Thomas	



(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY

a. COUNTY

NAME OF

DECEASED

5. SEX

(Type or print)

21. I certify that I attended the deceased from

and that death accurred at 4:35AM, from the causes and on the date stated above.

ADDRESS (Street, city or lawn, state)

NAME (Type)

22b DATE THEREOF 220. BURIAL, CREMATION, REMOVAL (Specify)

12/26/59

22c. NAME OF CEMETERY OR CREMATORY St. Mark's Episcopal Cemetery, Montgomery County,

22d. LOCATION (City, town, or county)

(State)

23. FUNERAL DIRECTOR'S SIGNATUR WARNER E. PUMPI Killmiaud

SILVER SPRING, MD.

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

page 3 should be may be re VS A15 (4) 15M 9/5B

director

funeral

filled

physician

ottending (

paub

certificate

RECTOR:

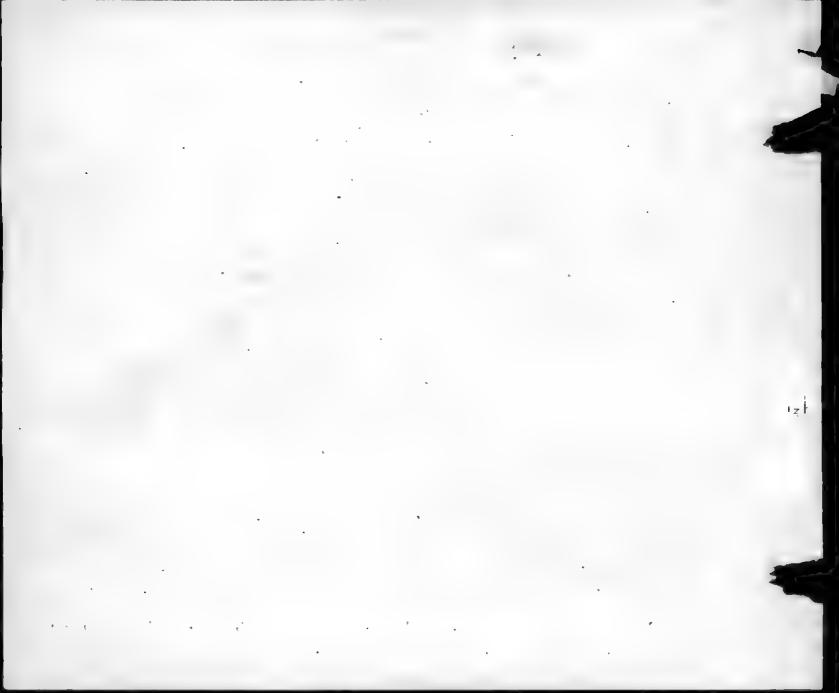
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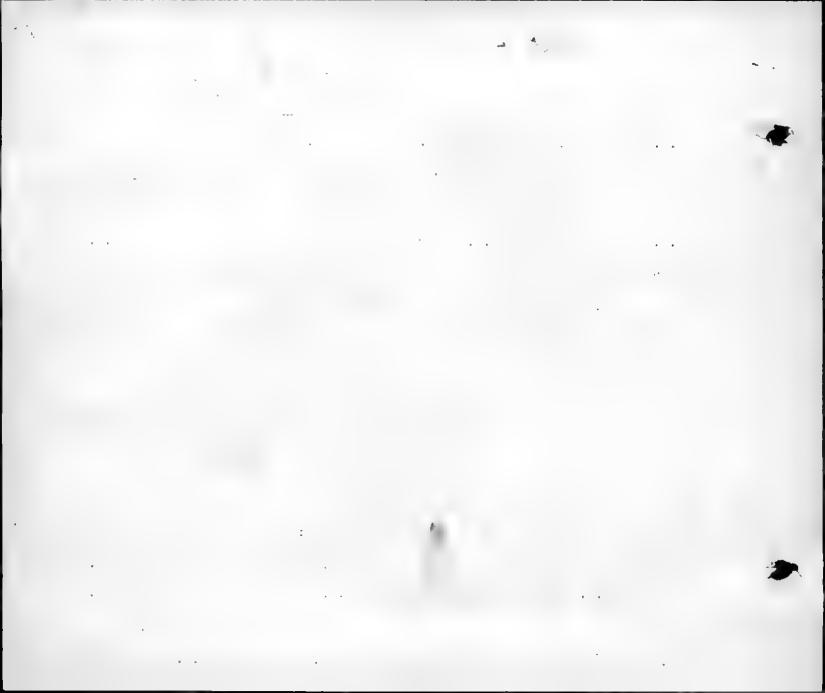


VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13907

		13947		CERTI	FICA	TE OF D	EATH			Reg	j. Dist. No.	215	
o. CC	e of DEATH DUNTY ntgomery	rland	2 USUAL RESIDE 6. STATE Indians		re deceose	d lived. If nsi b. COJI		sidence befo	re odmis	sion)			
RU	RAL and give ned	outside corporate lim prest town) Rural)	oits, write	109 days		Evansv		tside corpo	rote limits, wri	te RURAL	ond give ned	rest low	n)
OF	RINSTITUTION	L (If not in hospitol, Hospital		oddress)		d. STREET AD		klin	Street				FARM?
	E OF ASED or print)	Robe	rst	Middle Lawrence		DANIEL		4. DATE OF DEATH		Month cembe	Do r 2]	,	Yeor 1959
sex Ma.	le	6 COLOR OR RACE White	7. MARR	IED NEVER MARRI		6-9-27			9. AGE (In ye lost birthdo	ors IF UN Mon yrs	oths Doys	Hours	ER 24 HR
duri	UAL OCCUPATION Ing most of worki S. Marin	ng life, even if retire	1)	S. Governm		TRY 11. BIRTHPLAC		r foreign c	ountry)	12	CITIZEN OF		OUNTRY
	ER'S NAME	ANIEL				14. MOTHER'S M			LD				
Yes WAS	or unknown) (li	IN J S ARMED FO		SOCIAL SECURITY NO		pital Re				Address			
Co go cou lyin	ond tans, if on over rise to im use (a), stating the ng couse last. Part 11, OTHE	he <u>under-</u> DUE To		ONTRIBUTING TO DE	ATH BUT	I Han	THE TERMIN	LL BRAS	E CONDITION	GIVEN IN	Z	2 Z Z	AUTOPS
OHUFE	ACCIDENT WAS CONTRIBUTING I EITHER, NOTIFY A	JNDERLYING CAUSE OF DEATH AEDICAL EXAMINER) Month, Doy, Yo		RIBE HOW INJURY O		CE OF INJURY (He			t II of item 1B.)	(County)		RMED?
WEDICAL 20c.	Hour o.m.	19	While at work	Not while of work		tory, street, office b		Dagan	hen	50.			·
aliv	ve an 21 D	ecember	, 19	ed fram 3 Set 9 , and that		accurred at	:00A	A, fram		and an	the date	stated	
SIGN	VAL NATURE SICIAN'S J	.M. Young	LIV MC	: USN	N	U.S. N			tal, Bo				-21-
	AOVAL (Specify)	226. DATE THERE		22c. NAME OF CEM	ETERY OF	CREMATORY			TION (City, lov sville		nty)	(Stot	re)
W.W	Chambé	SIGNATURE A	Home	1400 Chaj	pin S		Mashi				S SIGNATUI		

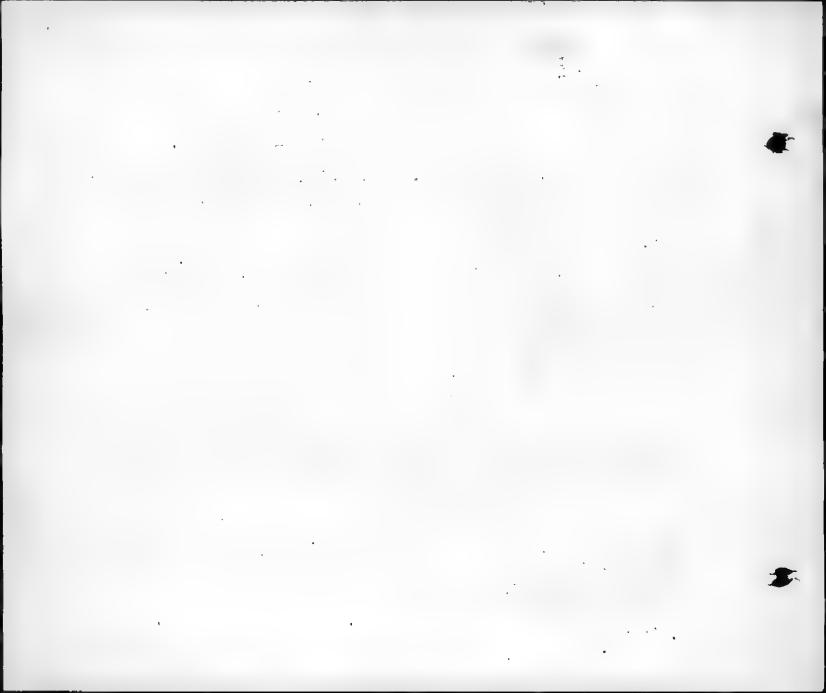


VS A15 (4) 15M 9/58 A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13948 CERTIFICATE OF DEATH Reg. Dist. No.13908

1. PL	ACE OF DEATH COUNTY					2. USUAL RESID	ENCE (Who	ere deceased	lived. If institut		e before ad	mission)
	1.0	tgomery		MARYL	AND		rylan	d	b. COUNTY		omerv	
b.	CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR T	OWN (If o	utside corpor	ote limits, write l	RURAL and g	ive nearest t	own)
		hesda		1 day		y Ro	ckvil	le				
d	NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)		d STREET A		a gui cy			e. tS	RESIDENCE
		urban				1006 - Crawford Drive ON A FARM?						
3. N	AME OF	Fir	st	Middle	,	Last	70	4. DATE	Mo		Day	Year
	CEASED ype or print)	Ann		E.J	17.6	Bet#McHu	gh	DEATH	1:	2	37	1950
S. SE	х	6. COLOR OR RACE	7. MARR	IED NEVER MARRIES		B. DATE OF BIRTH		1 1	P. AGE (In yeors			VDER 24 HRS
F	emale	White	WIDOWE	D DIVORCED	X	10/7/17		,	lost birthdoy) 42 yrs.		Days Hou	irs Min
10a.	USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPL	CE (State o	or foreign co-	untry)	12. CITIZ	EN OF WHA	T COUNTRY?
	Retired	ing life, even if retired	' I U.	S Gov.	ì	F	100	IDA	1	6	1.5.	4
	ATHER'S, NAME					14 MOTHER'S	MAIDEN N	IAME				
	400	15 A.	5	MITH		E.	STH	eR.	HIN	V.SAN)	
		IN U S ARMED FOR		SOCIAL SECURITY NO.	II.	FORMANT			Add	dress Suci	Th WIC	k 5/-
įras, r	N C	If yes, give wor or dates of s	5	79-09-774	19	MARY	400	SAUA		3-71	hesDa	MD
1	8. CAUSE OF DEA	TH [Enter only one co	use per lir	e far (a), (b), and (c)]	7 e							BETWEEN ND DEATH
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	1	Cerebra	rk	E 2 22-	o win	4			/ 2	- tran
	3 +2-5-	DUE TO		0			1					
	Canditions, if ar	y, which)	. 0	(dadies as)	Ere	there	Am. In	000			1/2 1	21
	gove rise to in	mediate (11	11	, , , , , , , , , , , , , , , , , , , ,	7/ 2/	1				20000
	couse (o), stoting t lying couse lost.	he under-	1	0	9							
z l	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION G	VEN IN PART	1(o) 19. W	AS AUTOPSY
CERT FICATION					A. Miggarante							RFORMED?
RT FI	00 ACCIDENT WA	UNDERLYING CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OC	CURREC). (Enter nature of	injury in P	Port I or Port	II of item 18)			
	IF EITHER, NOTIFY	MEDICAL EXAMINER)										
EDICAL	Oc. TIME OF INJURY	Month, Doy, Yes			20e PLA	CE OF INJURY (F	iome, form,	20f (City	or town)	(C	ounly)	(State)
입	Hour o. m. p. m	19	While of worl	Not while	rac	fory, street, office	biog., esc.	7				
		at I attended the	deceasi	ed from · 4	d boad	L. J., 1957	ta	12/3	1/	Phot I los	t eaw the	deceased
	live an	12/3/	10	C 29 . 11		accurred at_	1 . 11 m	M from 1	he causes a			
l l`	21146 011	da-ifve-d-p	/ •/	e, and main	ueam	dccorred di ₇			ent, city or tawn			DATE SIGNED
	CTUAL	24.5/ 2	1	h			B	1. 711:	mad		120	12:100
'	IGNATUMI /	Junior M	172			M.D	70.62	wurt.	1			21/-3-7
	'HYSICIAN'S C LAME (Type)	tephen N.	tones	5								/
	BUR AL, CREMATION	, 22b. DATE THEREC)F	22c. NAME OF CEME	TERY O	R CREMATORY		22d. LOCAT	ION (City, town,	or county)		State)
1	REMOVAL (Specify)		960	GATE O	7 7	4-LAVEN		W	41	1-	MD.	
	JNERAL DIRECTOR'S			ADDRESS //	^	,	24a. REC'E	D BY REGISTI	RAR 24b. REG	ISTRAR'S SIG	NATURE	
W	·Wilat	tamel	26	0314115	7 1	VV	DATE JA	IN 5 '6	0 0	irthur S.	Kines	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



95n	CERTIFICATE	OF DE

139i()

	<u> </u>	20701		Keg. Dist. 170.	_					
	1. 1	LACE OF DEATH COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery						
1	H.	Montgomery	c LENGTH OF STAY IN 16							
)	(RURAL and give nearest town)	C LENGIH OF SIAT IN ID	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Kensington						
	ļ	Kensington NAME OF HOSPITAL (If not in hospitat, give street	nddress)	d. STREET ADDRESS e. IS RESIDENCE						
		8819 Kensington Par		8819 Kensington Pkwy.						
		IAME OF First	Middle	Lost 4. DATE Month Dgy Year	=					
		OFCEASED Type or print) Mary	Elizabeth	McLendon Dec. 22 19	9					
	5. 5	EX 6. COLOR OR RACE 7 MARK	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H lost pirthdoy) Magths Dpyg Hours Min						
	_	Female White widowi		March 9, 1070 OI yrs. 9 13	_					
	10a	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS		Y?					
		Housewife		🕱 S. Carolina US						
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
_		Robert F. Carnes		? Shaw						
ı		WAS DECEASEDEVER IN U.S. ARMED FORCES? 16.		NFORMANT Address						
II.	V.	No	None V	irginia Pendleton-daughter-same 2d						
		1B. CAUSE OF DEATH [Enter only one couse per li	ne far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	uptine of ar	ceurgem of abdominal ante ONSET AND DEATH						
		443X DUE TO	U							
		Conditions, if ony, which) (b) 11	ypertensine Co	rdio Vascular. Disease - 10 yr.						
		gave rise to immediate DUE TO								
		tying cause lost. (c)	renoscher	ous generalized - 20 yr.						
	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?								
)	SAT	Coronery insuffic	may -	YES NO						
	CERTIFICATION	200 ACCIDENT WAS UNDEFLYING [] 20b. DESI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	O (Enter nature of injury in Part I or Part II of item 18.)						
			NJURY OCCURRED 20e PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Sta	fa)					
	MEDICAL	Haur o.m. While	No! while for	tory, street, office bldg., etc.)	-,					
	×	p, m		27 ml . Ti	_					
		21. I certify that I attended the deceas		1957, to date , 19 that I last saw the deceas						
		alive an 22 Dec - , 190	, and that death	ADDRESS (Street, city or town, state) DATE SIGN						
		ACTUAL Order B. B.	.00		EU					
		SIGNATURE TO THE SIGNATURE		M.D. 7936 Old Georgetown Rd. Beth. Md.						
		PHYSICIAN'S NAME (Type) John G. Ball		12/22/59						
	220	BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY O							
		Burial 12/24/59	Bishopvill		a					
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	_					
		Robert A. Pumphrev	Bethesda. Ma	ryland perc 28'59 Orthon & thous						

TO HOSPITAL OF LATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur offer death. Page-4 may be retain by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 3 and 2 should be filled with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death.



VS A15 (4) 15M 9/5B

ARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, TO	ARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18
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13848 CERTIFICATE OF DEATH

Reg. Dist. No.

		PLACE OF DEATH COUNTY	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE
		b. CITY OR TOWN (If outside corpogete limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
	-	Lukoma tark	X Spenceeville
y. 20	·	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR, INSTITUTION	d. STREET ADDRESS o. 15 RESIDENCE ON A FARM? YES T NO []
	3. P	NAME OF First Middle	Last 4. DATE Month Day Year
	(OFFICE ASED (Type or print R. Willard Payrie !	McNeill OF DEATH HEC. 28 1939
	5. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18	DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Iso birthdoy) Manths Days Haurs Min. Life years Life y
	10o.	o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUST dyring most of working life, even if retired)	
	2	thysician	I Iowa Maryland America.
	13.	CL E Ma neilo	14. MOTHER'S MAIDEN NAME
	15.		FORMANT Address
	[THS	(If yes, give war or dates of service)	
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	Rolly LULA, T. F. MINTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0)	a final andifferentializations
		198.2 DUETO will	+ the Blown
		Conditions, if any, which gove rise to immediate DUE TO	
		cause (a), stating the <u>under-</u> (lying cause last.	
1	CATION	PART II. OTHER'S GNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
1	FICA		YES NO 🗹
	L CERTIFI	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part I or Part II of item 18.)
	MEDICAL	Haur a.m. While Not while factor	CE OF INJURY (Hame farm, 20f. (City or town) (County) (State) ory, street, affice bldg., etc.)
	¥	p. m. 19 of work at work	24 12 120 64
		21. I certify that I attended the deceased from	accurred at 140 LM, from the causes and an the date stated abave.
		THE STITE OF THE S	ADDRESS (Street, city or town, stole) ADDRESS (Street, city or town, stole)
		SIGNATURE M	(D
I		PHYSICIAN'S C' has H WeLOHON	7600 tourll Cove Takon Park
	220	Burial, CREMATION, 76 DATE THEREOF 22 GAME OF CEMETERY	CREMAYORY 2004 OCATION (City, topin, or county), ((Stote) MI
	2 3. I	FUNERAL DIRECTOR'S SIGNATURE ADDRESS WASNI.	240, REC'D BY AGISTRAR 246, REGISTRAR'S SIGNATURE OFFINA S. Krana
	2		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ofter death! Page haurs within 24 requires that VS A15 [4] 15M 9/55

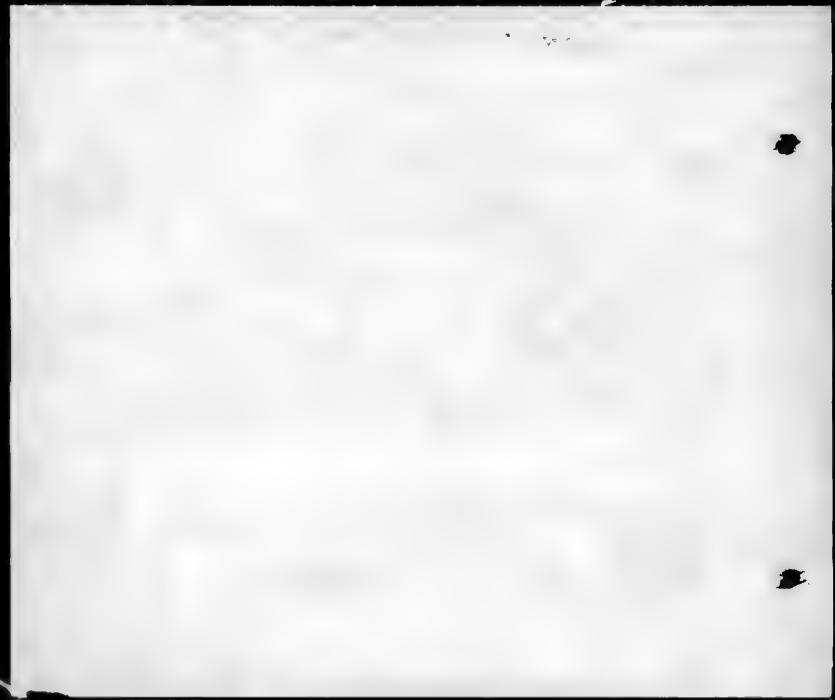


pleose exe-	should be		cremotion,	(
, necessory,	pr. Poge	L	or to buriol,	
TO DEPUTY AFPICAL EXAMINER: This certificate should be emmuted millin 24 flours fifth death. If ony delay is necessory, please exe-	cute the careful writing the word "pending" in pencif in Item 18. Give Pages 1, 2, and 3 to the funeral drop. Page 4 should be	torworded with Chief Medical Examiner's Office along with form PM3. Page 5 may be relained for your fin	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,	
TO DEPUTY MEDICAL EXAMINER: This certifical	cute the concote, writing the word "pending"	torworded with Chief Medical Examiner's Off	TO FUNERAL DIRECTOR: Page 3 should be used a	or removal.

YS. A15ME(5) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
13952 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 13913

Н	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Resident	to before odmission)
7[Montagnere MARYLAND	o. STATE Md b. COUNTY MA	n to
	b. CITY OR TOWN (If outside corporate limits, write RURA c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	rive gearest town)
ı	Mikrous Spring 1 WK	56 /lelia String	
ľ	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	11919 andrew St.	11919 Cudian St	YES NO
	3. NAME OF First Middle	Lost 4. DATE Month	Day Year
	Type or print] I helme D. M.	PLES DEATH LIES Q	1955
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.		
	Hugle white WIDOWED DIVORCED	1-23-1901 58 yrs. Months D	ays Hours Min.
	106/USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRI during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZI	N OF WHAT COUNTRY
X	Warten relief	la,	1-S Q.
4	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Han, dorte	7	
Γ	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address	
	Su	burlan Hoft-regul - Bethe	role med
ı	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	.V	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Des	Elisin	sudden
	4 a. 0, 3 DUE TO		
	Conditions, if any, which) (b) arlesis - scle	notes hear desear	1 1/2
	gove rise to immediate couse (a), stating the underlying DUE TO		/
	couse last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	(a) 19. WAS AUTOPSY PERFORMED?
)	3 Hospitalned 1 th age In Throwbas	is left Illian dem	YES NO
		nter nature of injury in Part I or Part 11 of item 18.)	
	CAUSE OF DEATH.		
		E OF INJURY (Home, form, 20f. (City or town) (Country, street, office bldg., etc.)	y) (State)
	Hour o. m, While Not while to to work of work	i i	
	21. I certify that I took charge of the remains described above	re, held an Autopsy 🔲, Inspection 📈, Inquiry	x, and find the
	death resulted from: Natural causes . Accident . Suice		Marie .
-			
	SIGNATURE Trans 4. 191022 front	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
	PALAMARIA DE .	ASSISTANT MEDICAL EXAMINER	
~	EXAMINER'S FLANK J. BLOSCHZK	TO DEPUTY MEDICAL EXAMINER IX 12-8	-39
1	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county)	(State)
	Blereal 12 11.31 1.3642204	the Bluersvell	2 /61
1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS.	Cale 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	ATURE
	MER SUMMER HOUSE TOTE AS	7. 4 DATE DEC 15 159	4.0
E.		2000001 0,	1 clases



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		13953		CERTIF	ICAT	E OF DEATH	1		Reg. D	ist. No	13	914
1.	PLACE OF DEATH o. COUNTY Mont	gomery		MARYLA		usual residence (What a State District		b COUNTY		nce befo	re admis	sion)
		f outside corporate limi	s, write	6 days	V 1Ь	CITY OR TOWN (IF .	utside corpo	prote limits, write R	URAL ond		arest low	1}
	d. NAME OF HOSPIT OR INSTITUTION The Clinic	AL (If not in hospital, g		oddress) hesda 14. Má		d. STREET ADDRESS 342 13th						FARM?
3.	NAME OF DECEASED (Type or print)	Fir Myrtle		Middle Minnie		Los: Mitchell	4. DATE OF DEATH	Mon		27	•	Year 19 59
5.	sex Female	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARRIED		ATE OF BIRTH 3 June 1888		9. AGE (In years lost birthday) 71 yrs.	IF JNDE Months		Hours	ER 24 HRS. Min.
	USUAL OCCUPATION during most of work HOUSEWIF	ring life, even if retired;	lane 10b.	None		Pennsy 4. MOTHER'S MAIDEN N	ylvani		12. CI	U.S.		OUNTRY
JS.	Unknow WAS DECEASED EVE	TT) R IN U. S. ARMED FOR (If yes, give war or dates of si		SOCIAL SECURITY NO.	INFO	Etta Hund	t ical F	Record Add				
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),]							ERVAL BE	TWEEN				
	Conditions, if any, which gove rise to immediate (b) Aspiration of				of bl	ood from or	al her	morrhage		5	min	utes
-	couse (a), stating lying couse lost.	the under- DUE TO		Carcinoma of		S				3	mon	
CATION	PART II. OTH	HER SIGNIF CANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	FN IN PA	RT 1(a) 1	PERFC	AUTOPSY ORMED?
L CERTIF	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in l	Part I ar Por	t It of item 18.)				
MEDICA(20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yea	While at wor	NJURY OCCURRED Nat white at work	foctor	OF INJURY (Hame, form y, street, affice bldg., etc.	-) [(County)		(State)

certify that I attended the deceased from <u>December 21</u>, 1959, to <u>December 27</u>, 1959, that I last saw the deceased and that death accurred at 1:152M, from the causes and an the date stated above. ADDRESS (Street, city or town, state)

DATE SIGNED

12/27/59

(State)

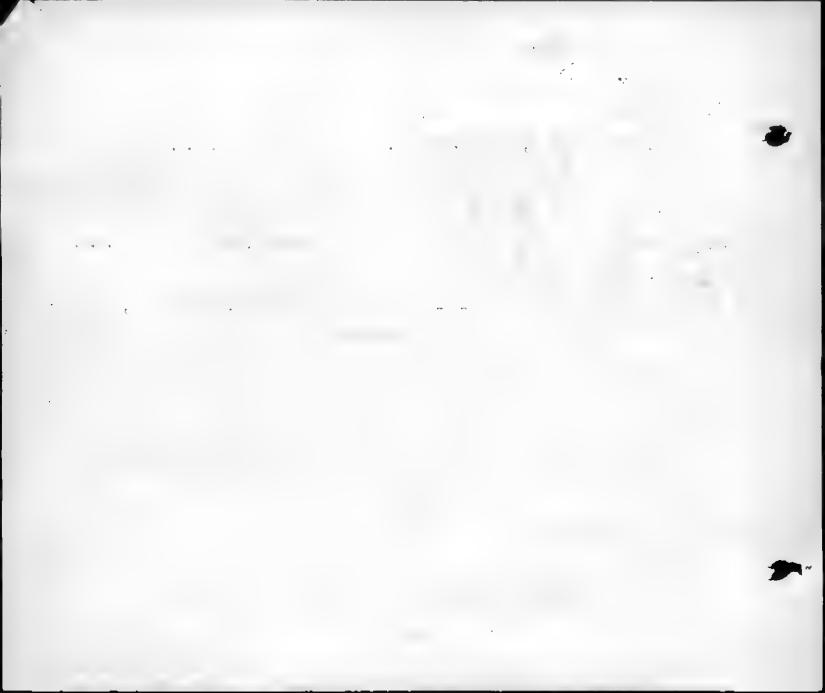
22d. LOCATION (City, town, or county)

National Bethesda Institutes of Health PHYSICIAN'S NAME (Type) DATE THEREOF

REMOVAL (Special) 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE DATE DEC 2 9 '59 arthur & Krous

VS A15 (4) 15M 9/5B

BURIAL CREMATION.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

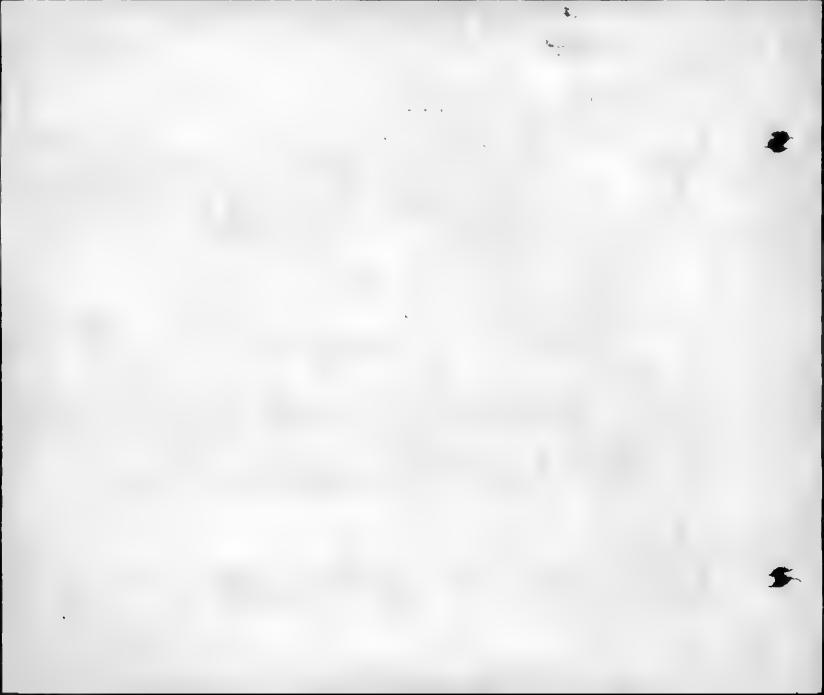
necessary/please exe-for. Page 4 should be

3 to

puo

YOU

B. Give



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ICATE OF DEATH	TMENT OF HEALTH—BALTIMORE,	18	13918	
ICATE OF DEATH	ICATE OF DEATH		Toate	

13055	CERTIFICA	ATE OF DEATH		Reg. Dist. No.					
1. PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Who a. STATE MARY		tion: Residence before admission) Y MONTGOMERY					
b. CITY OR TOWN (If outside corporate limits, write STALL and give reases) town)	c. LENGTH OF STAY IN 16		utside corparate limits, write SPRING	RURAL and give nearest town)					
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION LCDEAU NURSING	· ·	d. STREET ADDRESS 8316 Car	ey Lane,	● 15 RESIDENCE ON A FARM? YES NO 🔀					
3. NAME OF DECEASED (Type or print) PETE	Middle JOSEPH	MORIN	4. DATE MC OF DEATH	anth Day Year					
MALE WHITE WIDOW	ED DIVORCED	B DATE OF BIRTH April 10, 1	1 /0 /	Months Days Hours Min.					
	KIND OF BUSINESS OR INDU		A	12 CITIZEN OF WHAT COUNTRY U.S.A.					
13. FATHER'S NAME XAVIER MORIN									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no. application] [If yes, give war or dates of service) [57]		rs. Rgina M.	Morin, 8316 C						
PART 1. DEATH WAS CAUSED BY:	1 (1 -1)	rombosis	Silver	Spring Interval Between ONSET AND DEATH					
Conditions, if ony, which gave rise to immediate cotts (a), stoting the under DUE TO	rebral ar	terios cler	05:13	sever's years					
Iying cause last. (c)	CONTRIBUTING TO DEATH BUT	innia		IVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO D					
Haur e, m, While	Not while fo	ACE OF INJURY !Home, farm, ctory, street, affice bldg., etc.	20f. (City ar town)	(Caunty) (State)					
alive an 1) -9 119. ACTUAL SIGNATURE AM PHYSICIAN'S JASON GEIGER	21. I certify that I attended the deceased from S-76, 19 Sq, ta 12-(2, 19 Sq that I last saw the decease alive an 12-q 119 Sq, and that death accurred at M, from the causes and an the date stated above ADORESS (Street, city or town, stote) ACTUAL SIGNATURE M.D. 931 Pershing Dr. 12-(15) Silver Spring, Md.								
226. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12/14/59	GATE OF HEAV	EN CEMETERY		COUNTY MD					
23 FUNERAL DIRECTOR'S SIGNATURE LIARNER E. PHMPHREY, INC.	ADDRESS SILVER SPR	ING, MD. DATUEC		SISTRAR'S SIGNATURE					

e funeral director, hould be filed with #fer deoth Poge 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours moy be retained by the hospital or attending physician.

TO FUNERAL DESCRIPTIONS After this certificate has been signed by the attending physician and completely filled in a page 3 should be detached for use as the burial-transit permit. Then please remagnetation papers. Pages 1 and the registrar prior to burial, cremotian, or removal, and in any event within 72 fours office death. TO HOSPITAL OF

M

VS A15 (4) 15M 9/SS



215 Pag Dist No.

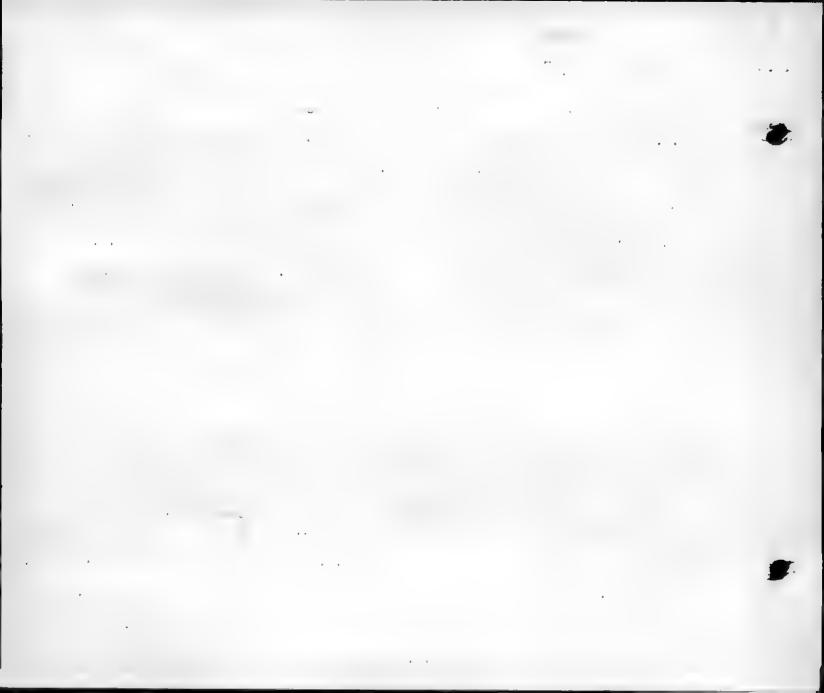
١.							
)	PLACE OF DEATH o. COUNTY MONTGOMERY	MARYLAND	2 USUAL RESIDENCE (When STATE Florida	re deceased lived - F institutio b. COUNTY	n Residence before ad	lm ssion)	
	b. CITY OR TOWN (if outside corporate limits, write	b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 1b		tside corporate limits, write RU	JRAL and give nearest	town)	
	Bethesda (Rural)	65 days	Key West				
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	d. NAME OF HOSPITAL (If not in hospital, give street address)				RESIDENCE	
	U.S. Naval Hospital NNMC		Avenue E Bi	g Coppitt Key	YE	S 🗌 NO 🔯	
		1	sier	DEATH Decembe	′	Yeor 19 59	
	Tioma 3 a STU / La	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 2 May 1924	9 AGE (In years lost birthdoy) 35 yrs	Manths Doys Ha		
	10a. USUAL OCCUPATION (Give kind of work dane 10th during most of working life, even if retired)	. KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (State of	r foreign country)	12 CITIZEN OF WH.	AT COUNTRY?	
	Housewife	None	Conn.		U.S.		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
1	Barney Belgrade		Rose Unk.				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16 (Yes, no. or unknown] [If yes, give wer or detes of service) NO	(Yes, no, or unknown) (If yes, give war or dates of service)			INFORMANT Address HOSpital Records		
	PART II. OTHER SIGNIFICANT CONDITIONS	arcmemate	Cycl alm		ONSET A	AND DEATH	
2	200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	Hour o.m Whil	e Not while fac	ACE OF INJURY (Home, farm, ctary, street, affice bldg , etc.)	20f (City or town)	(County)	(State)	
/	21 I certify that I oftended the deceosed from 8 October , 19 59 to 12 December, 19 59 that I last sow the deceosed olive on 12 December , 19 59 , and that death occurred at 6:00PM, from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNATURE W.D. U.S. Naval Hospital, Bethesda Md. 12-14-59 PHYSICIAN'S P. H. DEFECTIVE LET MG MG MG MG.						
	NAME (Type) No. II. PERNALING LIT	MC USIN		Hospital, Be			
	Bur 1914: (Specify) 12-15-59	Jewish Ceme		Naterford C	onn.	(Stote)	
	23. FUNERAL DIRECTOR'S SIGNATURE	hun ADDRESS Hann	24a. REC'D		TRAR'S SIGNATURE		
	Deal Funeral Home Washin	ngton. D.C. 48/	2 Ga amenate DEC	16'59	Chur & House		

ter death. Poge 4 tuneral director, fived with

ond 2 should be Ō

moy be reto y the hospitol ar offending physicion TO FUNERAL TOR: After this certificate hos been signed by the attending physicion and completely filled in to page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the registrar priar to burial, cremation, or removal, and in any event within 72 hours offer death. TO HOSPITAL TI VS A1S (4) 1SM 9/SB

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13957 **CERTIFICATE OF DEATH** Rea. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) L. COUNTY NTGOMERY o. COUNTY MARYLAND MARYLAND MONTGOMERY funeral b CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown) pe RURAL and give nearest town) TO 8 DAYS OLNEY KENSINGTON d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO D 3932 WASHINGTON STREET MONTGOMERY COUNTY GENERAL HOSPITAL .0 4. DATE NAME OF Middle Year Month filled DECEASED OF DEATH 29 59 Poges (Type or print) 19 DECEMBER CLARFNCE MOULDEN WILLIAM IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH AGE (In years last birthdoy) Months Dovs Hours DIVORCED | WIDOWED IV MALE WHITE 100. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) Meat cutter and Clerk Grocerv LISA pup MARYLAND offer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician BREMMIMAN JOSEPH MOULDEN INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address 7-01-6764 OLNEY. MD. no HOSPITAL RECORDS aftending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Carlos incolor disone Conditions, if ony, which been signed gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PAIT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED? has YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form 20f. (City or tawn) (State) Doy, Year 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) Haur a.m. While Nat while at work of work 21. I certify that I attended the deceased from _ _____, 19/7 ,that I last saw the deceased and that death accurred at 11:22 M from the causes and an the date stated above. CTOR: DATE SIGNED ADDRESS (Street, city or lown, stote) shau PHYSICIAN'S FUNERAL SANDY SPRING, MARYLAND A. D. BONIFANT, M. D. NAME (Type) ന 22b. DATE THEREOF 22d. LOCATION (City, lawn, or county) 220 SURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (Stote) page REMOVAL (Specify)

OCKVILLE CEMETERY

SILVER SPRING, MD.

ADDRESS

MONTGOMERY COUNTY, MD.

24h. REGISTRAR'S SIGNATURE

arthur S. Krous

24g, REC'D BY REGISTRAR

DATE JAN 4

0 VS A15 (4) 15M 9/58

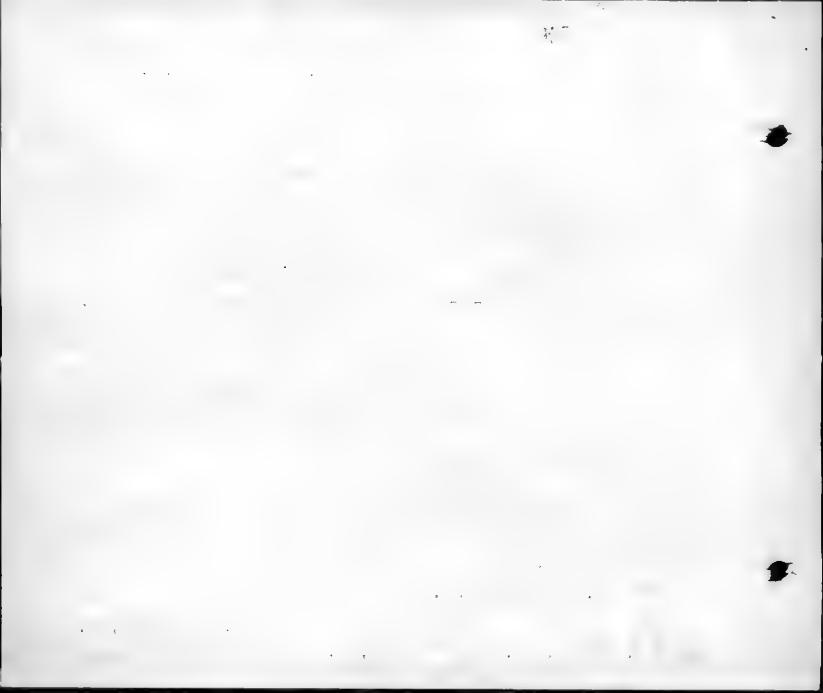
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BURLAL

23 FUNERAL DIRECTOR'S SIGNATURE

RNER E. PUMPUREY

death. Page



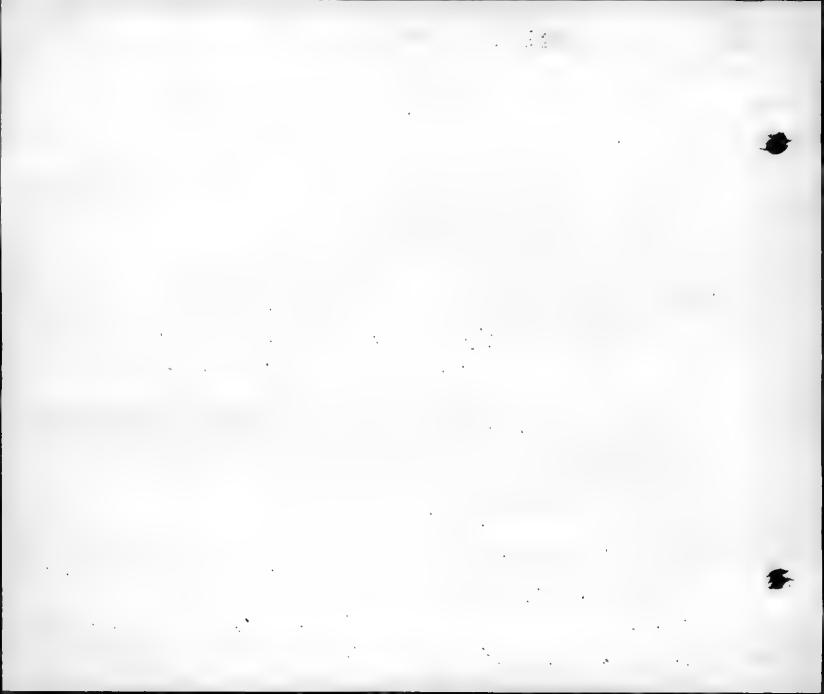
CERTIFICATE OF DEATH

13919

1	13958	ATE OF DEATH Reg. Dist. No.					
/	1. PLACE OF DEATH		2. USUAL RESIDENCE (Whe	ere deceased lived. If institution	in: Residence befare admission)		
	M ontgomery	MARYLAND	o. STATE Marylar	L COUNTY	M ontgomery		
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside carporate limits, write RI	URAL and give nearest town)		
	Bethesda	12 Hrs.	X Bet	thesda			
	d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION	oddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
	Suburban	6900 M illw	ood Rd.	YES NO 📉			
	3. NAME OF First	Middle	Low	4. DATE Mont	th Day Year		
	(Type or print) John	E. M	uldoon	OF DEATH	ec. 3 1959		
	Othi		DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS		
	T. T.	_		last birthday)	Manths Days Haurs Min.		
			4/25/85	74 yrs.			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			ir foreign country)	12 CITIZEN OF WHAT COUNTRY?		
	Retired	Real Estate	e Canada	a	U.S.A		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME			
	Thomas Muldoon			Kennedy			
	NS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 5	SOCIAL SECURITY NO IN	IFORMANT	Addr	ess		
ı	(16 yes, give war or dates of service)) D	(A3 \		
L	/No		on) Burke M	uldoon (same	as Above)		
_	18. CAUSE OF DEATH [Enter only one couse per lin	ie far (a), (b), and (c).]	0 /2-		INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: January Con Children Wolo Cultury						
	15/X DUE TO //						
	Conditions, if any, which) (Children (Children) (Children)						
	gave rise to immediate						
	Cause (d), stating the under						
2	PERFORMED?						
3	₹ NO						
	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item IB.)						
			CE OF INJURY (Hame, farm		(County) (State)		
	Haur o.m. p. rg. 19 While of wark	TAME AND DE	ary, street, office bldg , etc)	\$ \$			
, de	21: T certify that I attended the deceased from 11/6 , 1957, ta 1 , 19 7, that I last saw the deceased						
	alive an, 19_5, and that death accurred atM, fram the causes and an the date stated above.						
	ADDRESS (Street, city or town, state) DATE SIGNED						
	SIGNATURE Conalle (Chemon. M.D. 5767 (presonning and 10/3/59						
1	(hour charce mo						
	PHTSICIAN'S NAME TURNS						
	220 BURIAL, CREMATION, 22b DATE THEREOF/	22c NAME OF CEMETERY OR	COEMAZORY	22d LOCATION (City, town 6	(status) "-d (status)		
	REMOVAL (Specify)	THE CENTERRY OR	REMATOR	/// I all	or county) (State)		
	1 / 5 / 5 / 5 /	1111. Open	and and it.	/ CY VIV	727/15		
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 5103	VV WE DULLE 1	BY REGISTRAR 24b. REGIS	STRAK'S SIGNATURE		
	I her I have diene I ld	1.1001	C) C DEC	3 7 '59 On	HAMP & ELLOWICE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be ref. if by the llaspital or attending physician.

TO FUNERAL STRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A1S (4) 15M 9/5B



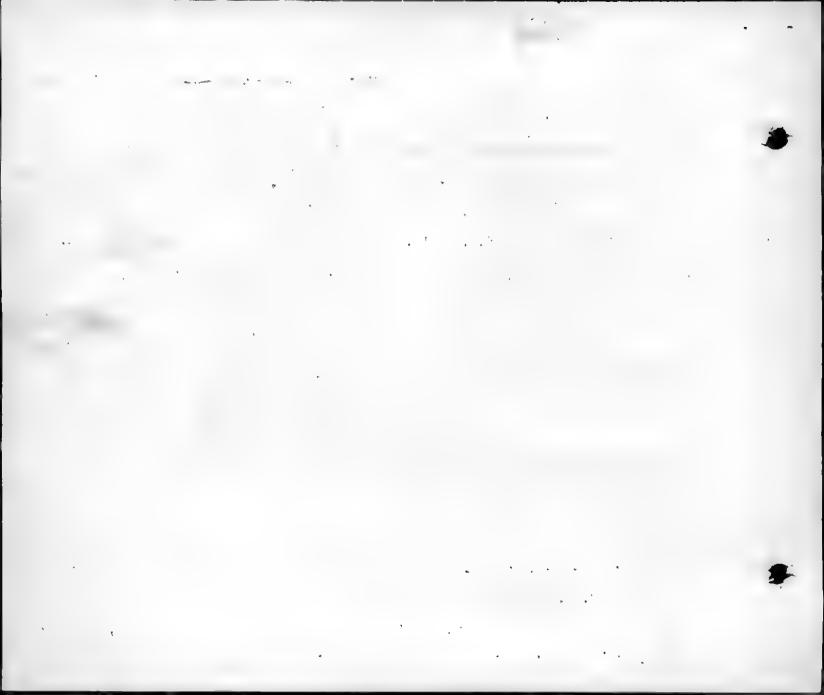
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							-
	PLACE OF DEATH	\	MARYLAND B	2. USUAL RESIDENCE	E (Where deceased lived, If	institution: Residence befo	ore admission)
	b. CITY OR TOWN (If a	outside corporate limits, write	c LENGTH OF STAY IN 16	c CITY OR TOWN	(If autside porporate limits,	write RURAL and give no	fest town)
-	RURAL and give neor	Part Md.		1-1-0-1	er Sprin		
		(If not in hospital, give street o	oddress)	d. STREET ADDRE	SS	/	e IS RESIDENCE
2	WOS A ing ?	AN JANITARIU	m 4 Hospite !	63	t Slige	AUE.	YES NO
	DECEASED (Type or print)	1r. Thomas	S Jan PS	Munioh	OF DEATH	Month Dec. D	19 29 Year
5. 5	SEX	COLOR OR RACE 7. MARRI	ED NEVER MARRIED		9. AGE (In lost bird	years IF UNDER 1 YEAR	
100	MAIC	White WIDOWE		4/17/8	7 76	2 yrs	
100	Children to the distribution of the	(Give kind of work done 10b. I	S. GOV'T.	Pennsy		1/2. CITIZENO	F WHAT COUNTE
13.	FATHER'S NAME	Employee U	-D. GOV-E.	14. MOTHER'S MAII		0.3	A.
1	atrick	C. Mur	phy	Eli 3 4	beth. Gi	Icheh	
15. (Yes	WAS DECEASED EVER I	N U S ARMED FORCES? 16. S	SOCIAL ECURITY NO. IN	FORMANT 6	trude blosil u	Address	, md
=	D CAUSE OF BEATH	Enter only one couse per lig	a factor the and total	Aughte	er -634	Sligary	ERVAL BETWEEN
	PART I, DEATH	I WAS CAUSED BY:	Cold (Cond	Aca Al	Ortalia	ON	SET AND DEATH
	450.0	DUE TO) (1	0/	1 (700
	Canditions, if any gave rise to imm		enyallyed	Chillen	elecure -	5	gar '
	couse (o), stating the		A.				ir.
Z		R SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE CONDIT	ON GIVEN IN PART 1(0)	19. WAS AUTOPS
CATION							PERFORMED? YES NO
L CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY MI	CAUSE OF DEATH	RIBE HOW INJURY OCCURRED). (Enter noture of inju	ry in Port I or Port II of item	18.)	
MEDICA	20c. TIME OF INJURY Hour a.m. p. m.	While	IJURY OCCURRED 20e. PLA Not white of occurrence at work	CE OF INJURY (Home tory, street, office bldg	, farm. 20f (City or lawn)	(County)) (Sta
	21. I certify that	t I attended the decease	ed from May 2	, 195°/_, ta	Acc 29	1957, that I last sa	w the deceas
	alive an <u>liec</u>	29 , 195	2, and that death	accurred at 1/12	M, from the caus		e stated aba
	ACTUAL SIGNATURE	Belian	deap mi).	NO. 800 (Persoluces (Street, city of	sent	12/29/50
	PHYSICIAN'S NAME (Type)	W. B. WARDROP			./		
	BURIAL, CREMATION, REMOVAL (Specify)		22c. NAME OF CEMETERY OF		22d, LOCATION (City,		(State)
-	BURIAL FUNERAL DIRECTOR'S	1/2/60	St. John's O			ry County, No. REGISTRAR'S SIGNATU	
1	ARNER E. P	UMPHREY, INC.	SILVER SPRI	NG, MD. DAT			
					AND A THINK		

ifter death. Page 4 funeral directar filled with *TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retained the haspital ar attending physician.

TO FUNERAL USE COR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and the registrar priar to burial, cremation, ar remayal, and in any event within 72 hayr's after death. TO HOSPITAL P.

VS A15 (4) 15M 9/58



VS A15 (4) 15M 9/58 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13959

CERTIFICATE OF DEATH

13921

1						keg. Dist. No.	
	1. PLACE OF DEATH a. COUNTY	MONTGOMER	Y MARYLAND	2. USUAL RESIDENCE (WHO OF STATE MARY)	ere deceased lived. If institution AND b COUNTY	n: Residence befare admission) MONTGOMERY	
	RURAL and give pearest town)		c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)			
)	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION FAIRLAND NURSING HOME		d STREET ADDRESS Briggs C	haney Road	e. IS RESIDENCE ON A FARM? YES NO X		
	3. NAME OF DECEASED (Type or print)	First CLARA	Middle EMNA	MUSGROVE	4. DATE Month OF DEC		
	5. SEX FEMALE		MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 1/1/75		IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.	
	Homemaker	TION (Give kind of wark dane arking life, even if retired)	Own Home	Maryland		U.S.A.	
	13. FATHER'S NAME	ani sas		14. MOTHER'S MAIDEN N			
	Edward I	VER IN U. S. ARMED FORCES	2 14 SOCIAL SECTIBITY NO. 1	Frances Be	CKWL LR Addre	MA F	
1	(Yin, no, or unknown)	(If yes, give wor or doles of service)	s. Taylor O.	Timberlake, Jr.	6	
		immediate	Secretiza	e action	seluse's	ONSET AND DEATH	
)	Couse (a), statis	st. (c)	ONS <u>CONTRIBUTING</u> TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	PERFORMED?	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTOPSY PERFORMED? YES NO OF CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)						
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 40e PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (Caunty) (State) 4 Haur a. m. 4 While 5 at wark 10 at wark 11 at wark 12 at wark 12 at wark 13 at wark 14 at wark 15 at wark 15 at wark 16 at wark 16 at wark 17 at wark 17 at wark 18 at wark 18 at wark 19 at						
	21. I certify olive on	that I ottended the de	ceosed from	occurred at			
	ACTUAL SIGNATURE	4.3 03	y and	M.D	undy Sy	eg, 14/5/1/5	
	PHYSICIAN'S NAME (Type)	H. O. 134	MIFANT		V- 640 64 4		
	22a. BURIAL, CREMA REMOVAL (Speci EURIAL	12/4/59	22c. NAME OF CEMETERY O BURTONSVILLE U		22d LOCATION (City, town, or MONTGOMERY	county) (State) COUNTY, MD.	
	23. FUNERAL DIRECTOR E	PUMPHREY INC	C. SILVER SPRING	, MD . 24a. REC'		TRAR'S SIGNATURE	



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cute the case, writing the ward forwarded the Chief Medical Exami

VS. ATSME(5)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

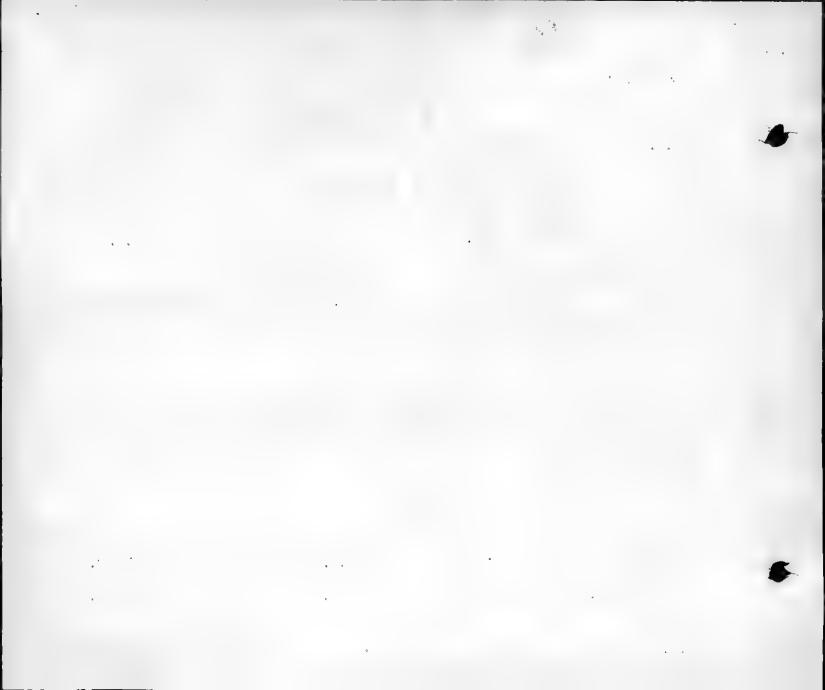
CERTIFICATE OF DEATH

13923

			1
TO HOSPITAL GRANTENDING MHYSICIAM: The law equires that the demit certificate be executed within 24 hours after death. Page 4	may be retained by the haspital or attending physician. TO FUNERAL DIXECTOR: After this certificate has been signed by the attending physician and campletely filled in 12-17 funeral director.	page 3 shauld be detached for use as the burial-transit permit. Then please remove capbon papers. Pages 1 and 2 should be filed with	
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PITAL	moy be reta by the haspital or ottending physician. O FUNERAL DAKECTOR: After this certificate has been side	3 shau	the registrar prior ta burial, crematian, ar remaval, and in any event within 72 hours after death.
HOS	moy b	ago	he re
10	- 0		-

		13961		CER	TIFIC	ATE OF	DEATH	1			Reg. Dis	it. No.	10	<i>34</i> ∂
1.	PLACE OF DEATH a. COUNTY			MA	ARYLAND	2. USUAL RES			h	COLINTY				ran)
<u> </u>		-OMERY	*				ARUL			110	NTGO	~46	Ry	
ı	 CITY OR TOWN (If a RURAL and give neo 		its, write	c. LENGTH OF ST		c. CITY OR	TOWN (If o	utside carp	orate lim	its, write R	URAL and g	jive nea	rest fawn)
	SILVER SI			25 4 EA	1157	1 + SILV	ET S	PRII	VG					
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospitol, g りとひか <i>ひご</i>		,		d. STREET	ADDRESS Wood	5.ÃC	600	e se me	1 4.			IDENCE FARM? NO [2]
Ė		300100	1 141					T	1 277		_			
3.	NAME OF DECEASED (Type or print)	Fit (+A+	rst 2 Ry	Mid (- D (Lo V	AU.	4. DATE OF DEATE	Н	Mon		2-9		Year 19 <i>5</i> - 9
5.	SEX	6. COLOR OR RACE	7 MARE	IED NEVER MA	RRIED 🗍	B. DATE OF BIRT	TH		9 AGE	(In years birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS
	MALE	WHITE	WIDOW	ED DIVOR	CED 🔲	ØC7.2	5, 188	37		70 yrs.	Manths -	Days	Haurs	Min,
	a. USUAL OCCUPATION during mast af working		done 10b.	Own busi	OR INDU	STRY 11 BIRTHP	PA-	or foreign	country)	-	12 CITI	ZENOF		OUNTRY?
100	. FATHER'S NAME					14. MOTHER		IAME						
	(SEORGE	Ho	NAU			EM	ML K	4	57	OUFF	ER		
15	WAS DECEASED EVER	IN U. S. ARMED FOR	RCES? 16	SOCIAL SECURITY	NO.	INFORMANT			-	Addi	ess	5/21	AK !	SPKINE
(,	es, no, or unknown) (If	yes, give war or dates of s	Service)	77-07-98	38 4	MES, M	ABEZ	E.	1018	Lice	DSIDE			14
	18. CAUSE OF DEAT	H [Enter only one cr	ouse per li	ne for (o), (b), and	(c).]	·						INTE	RVAL BE	TWEEN
	PART I, DEATH	WAS CAUSED BY:		DENOCAR		ua cor	0-1	1.11-	H I	11/2		IONS	ET AND	4
	153.8	MMEDIATE CAUSE (c		O CZOG CITA				4011	(F [0612		1	160	1 CAR
		DUE TO	,		1	ETASTA	43/5							
	Conditions, if any gave rise to im)(+		
	cause (a), stating th)											
_	lying cause last.		c)									1		
ŏ	PART II OTHE	R SIGNIFICANT CON	ENOITIONS C	CONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEA	SE COND	DITION GIV	EN IN PAR	T 1(o) 1	PERFO	AUTOPSY RMED?
1														NO 🗗
CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture	af injury in	Part 1 or Pa	ort II of it	tem 18.)				
	4	Month Dov Ya	Mr 204 II	NJURY OCCURRED	20e PI	ACE OF INJURY	(Home form	20f (C)	tu or tow	n)	10	County)		(State)
MEDICAL	Haur a.m.		While	Not while		ictory, street, offi			1) 01 10**	***1	10	Jounny		(3,0,0)
₹		IY		k at wark										
	21. I certify tha	t I attended the	deceas	ed fram. 15	-13 /	6 , 1953	5, to D	ec. 2	-9	, 1957,	that I la	st saw	the d	eceased
	alive an DE	COMBOLZ	7, 125	7, and th	at death	accurred at	2000	M, fran	the co	auses an	d an the	date	stated	abave.
			•	Δ 1						ly or town,				E SIGNED
П	ACTUAL SIGNATURE	unesa.	Ro	heat		M.D. 89	. 7 (ENR	s vid	A1/6	11/5		12/2	0/59
	SIGNATURE		,			.m.v	2	22.67.2	<i>372</i> 1					1-1-2-1-
L	PHYSICIAN'S NAME (Type)	JAMES	A	ROBERT.	5 Mi	D	515	VER	_SP	RING	, M	AR	46 A	<u> </u>
22	G. BURIAL, CREMATION REMOVAL (Specify)	, 226 DATE THEREC	OF	22¢ NAME OF C	EMETERY C	R CREMATORY		22d LOC	ATION (C	illy, tawn, a	or county)		(Stot	e)
	Dettering	12/31/5	59	Cedar H	ill C	emetery		Prin			ounty			
23	FUNERAL DIRECTOR'S	SIGNATURE	INC.	SILVER	SPRIN	IG. MD.	_	D BY REGI		24b. REGIS	STRAR'S SIC	SNATUR	RE	
1	Raymous	a. Juko		LJ LL T LL L	- Atma		DATE JA	N 4	'60	an	Thung g	Ken		
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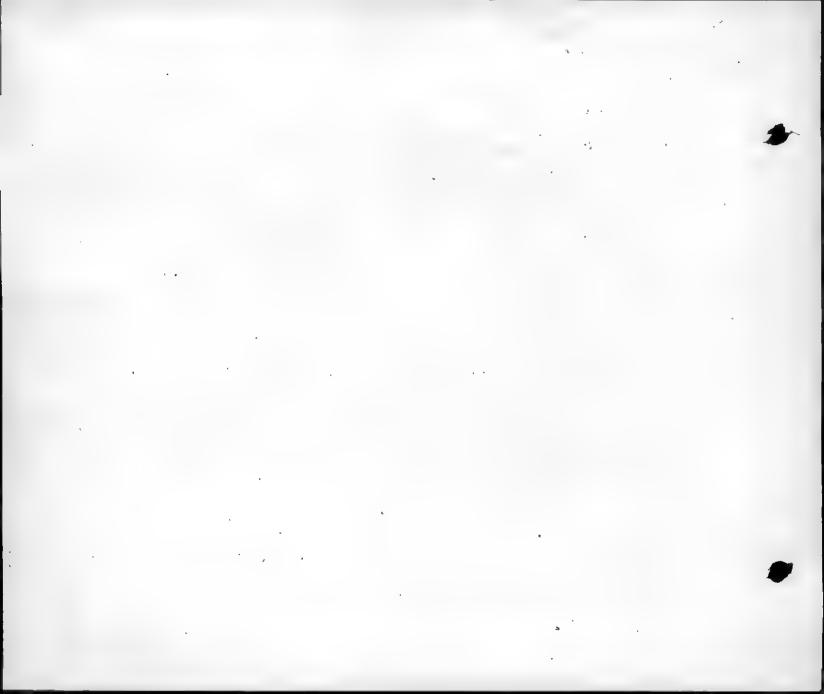


LAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18	4 17 11 10 10 11
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CERTIFICATE OF DEATH		1-0-0
CERTIFICATE OF DEATH	Reg. Dist.	No.
2 HEHAL RECIDENCE (N/L on decreed thank 16 institution	usteen Bestelanes	before administrations

	1,	PLACE OF DEATH COUNTY	If o. STATE	DENCE (Where deceased	I lived. If institution	n: Residence be	fore admission)
		Montgomery Co MARYLAND	2022		d. N.W.	W	· · ·
		b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) Silver Spring		OWN (If outside corpo	rote limits, write RU	JRAL and give n	earest town)
	\vdash	d NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET A	e. IS RESIDENCE			
כ	L	The Althea Woodland Nursing Home	200	and a very series and a	Li. .		ON A FARM? YES NO Z
	3.	NAME OF First Middle DECEASED	Los	4. DATE	Mont	h I	Doy Yeor
		(Type or print) CeCelia Nelowich		DEATH	Decemb	per 27,	1959 19
	5. 5	EX 6 COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1	8 DATE OF BIRTI	1	9. AGE (In years lost birthday)		R IF UNDER 24 HRS
		F WIDOWED DIVORCED	5-17-1	.887	72 yrs.	Months Days	Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11, BIRTHPL	ACE (State or foreign co	ountry)	12. CITIZEN	OF WHAT COUNTRY?
		Housewife	Rus	sia		U.	S.
	13.	FATHER'S NAME	14. MOTHER'S	MAIDEN NAME			
		Julius Zeckerman	Lens	ADORGACIO	XX Light	t	
_	15. (Ye:	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	NFORMANT		Addr	ess	
	L		rs. Gert	ruae Mensh	2022 KJ	lingle f	Rd., N.W.
_		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]				1 IN	TERVAL SETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREDY 0 - 0-35	cular	through.	0515	0	18 M
		443× DUE TO .		111111111111			
		Conditions, if any, which) (1) Hupprtousiv	i car	dia = 1226	aula-	dial	1640000
		gave rise to immediate	4 (° (3/3)	CONTRACTOR OF THE PARTY OF THE	C: IA F	4/3	The stay
		couse (o), stating the <u>under-</u>					*
	×	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY
O	F CATION						PERFORMED? YES NO
	CERT	206. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature o	Finjury in Port I ar Port	t of item 18)		
	DICA1		ACE OF INJURY (lome, farm, 20f. (City	ar town)	(Count	y) (Stole)
	MEDI	p. m. 19 at work at work					
		21. I certify that I attended the deceased from Ulfral	1957	, to Dep	27, 1959	that I last so	w the deceased
		alive an 200 c. 24 , 1259 , and that death	occurred at	2: 20 AM, fram	the causes and	d an the da	
		0 10 11 0		ADDRESS (SI	reet, city or town,	stote)	DATE SIGNED
à		SIGNATURE LIMICALD JS TOICE	м.D2	828-66	UN A	EY, My	Li.
1		PHYSICIAN'S Armond B. Gardon M	·D	Was	h.8.D		n a compresso a compresso de la compresso de l
	220	BUR AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY	22d, LOCAT	ION (City, lown, o	r county)	(State)
		BURIAL 12-29-59 Adas Israel C	emetery	Washi	ngton. D	C.	
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		240. REC'D BY REGIST	RAR 24b, REGIS	TRAR'S SIGNAT	
	E	. Danzansky & Sons 3501 14th St., N.W.		DATE DEC 3 0 15	59 an	Ihur S. Kr	Alla

TO HOSPITAL CHATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within an incomplete the constitution of the desired by the haspital or otherding physician.

TO FUNERAL DARECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs ofter death.



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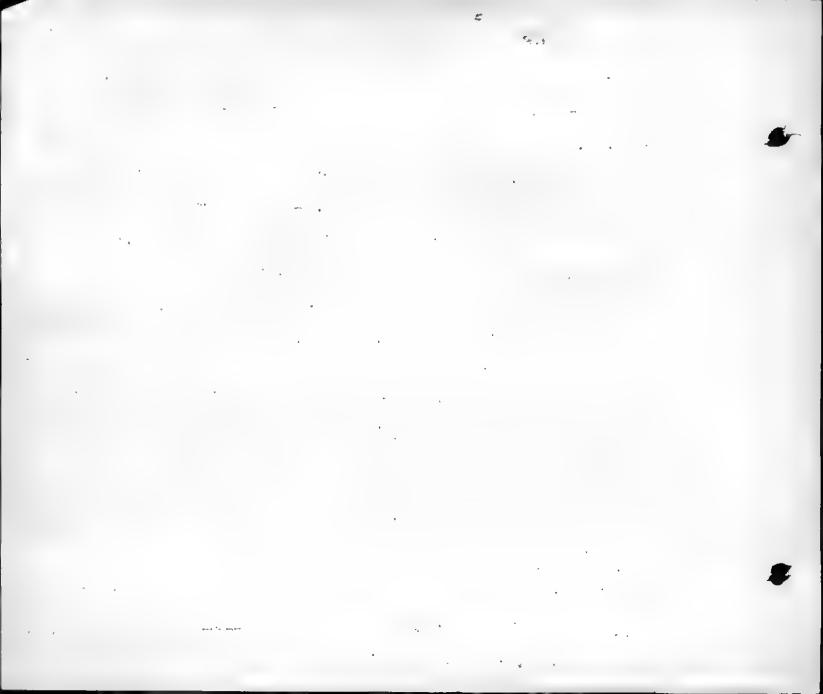
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TO FUNERA

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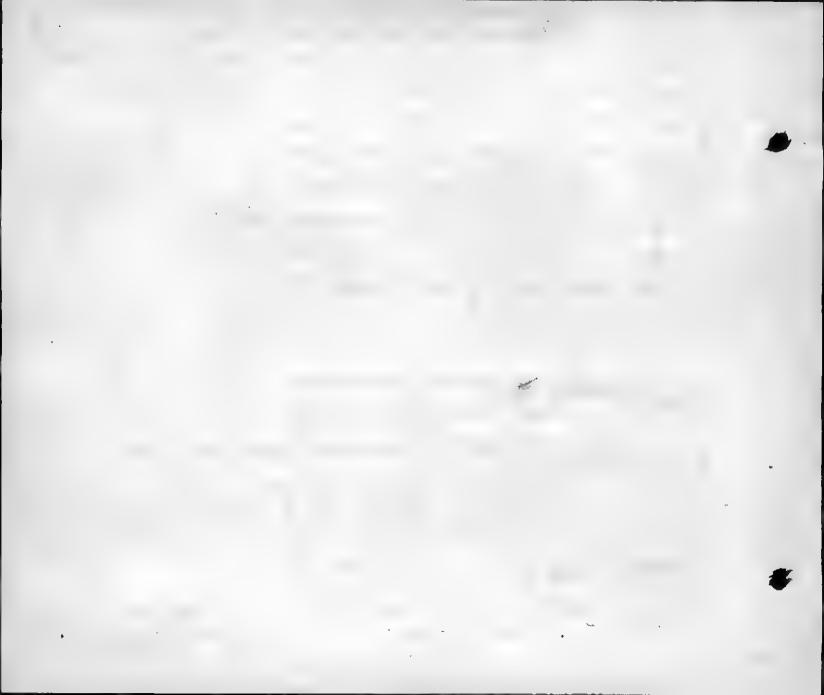




139 ABDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY o. STATE **b.** COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO - G the registrar NAME OF Middle DATE Year DECEASED (Type or print) DEATH 19,59 5. SEX 7- MARRIED A NEVER MAKRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. 6. COLOR OR RACE lost birthdayl Months Min Hours WIDOWED IT DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR INDUSTRY defing most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ouo puo CHARLES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME May 3. Give Pages 1, PM3. Page 5 ma pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address None permit. INTERVAL BETWEEN 1B. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) e atong with fa a buriol-tronsit **DUE TO** Canditions, if any, which gave rise to immediate cause: **DUE TO** (a), stating the underlying cause last. Office PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS 50 PERFORMED? NO 🔽 ner's (20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | writing the word 'i hief Medical Examir OR: Page 3 should b 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Nat while at work at wark p. m. 21. I certify that I toak charge of the remains described above, held an Autapsy [7], Inspection 🔀, Inquiry 📝, and find that death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined cause DATE SIGNED ACTUAL SIGNATURE forworde TO FUNERAL ASSISTANT MEDIÇAL EXAMINER 🗍 **EXAMINER'S** DEPUTY MEDICAL EXAMINER 2 NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Md. 1959 Laytonsville Lavtonsville 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE DATE EC 2 3 59 Laytonsville. A15ME(5) SM 9/55

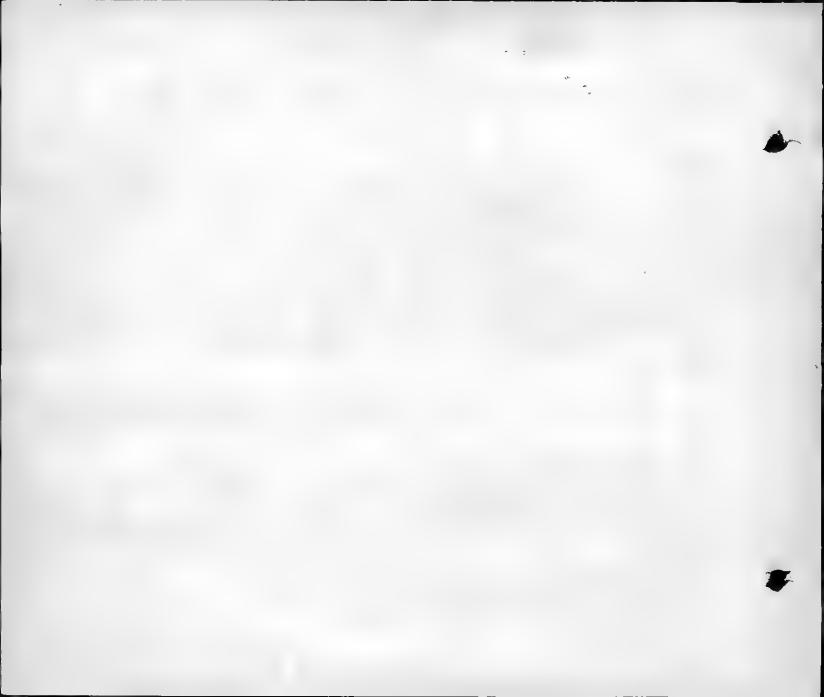
within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



CERTIFICATE OF DEATH 13850 Reg. Dist. No director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY Filed b. COUNTY MARYLAND unerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits) write RURAL and give negret town) 9 RURAL and give nearest town). 0 d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR UNSTITUTION edar YES NO X NAME OF First Middle DATE Month Yeor Day DECEASED OF (Type or print) 30 DEATH 1955 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years lost birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours DIVORCED | WIDOWED D 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during robst of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jaco 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one couse per lipe for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which ! gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(s) 19, WAS AUTOPSY PERFORMED? YES NO III 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMPLE) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour 0. /1. While Not while of work of work p. m. C. 30, 1959 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at LOBPM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 226. DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATOR) 22d. LOCATION (City, town or county) (Stote REMOVAL (Specify) 0 23_FUNERAL DIRECTOR'S BIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cirthur I. Kring DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



ADDRESS

Wheeler Funeral Home T. Montgomery Avenue, Rockville, Md.

George Co. . Md

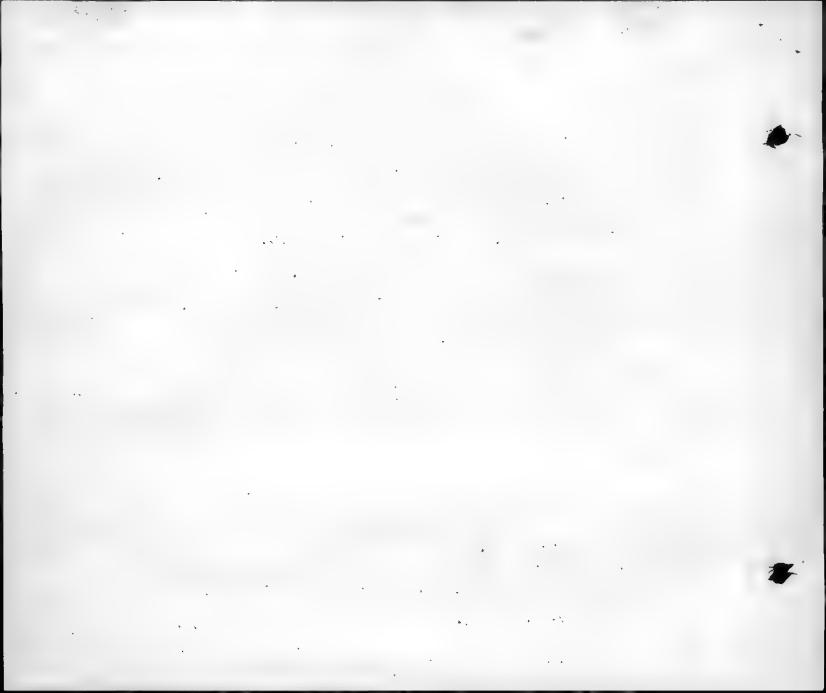
24b. REGISTRAR'S SIGNATURE

24o. REC'D BY REGISTRAR

DATE

2 VS A15 (4) 15M 9/58

23 FUNERAL DIRECTOR'S SIGNATURE



Reg. Dist. No. 215

)[n. PLACE OF DEAT o. COUNTY Montgon			MARYLA	AND	2. USUAL RESIDE	ence (wh	ere decease	d lived. If institu 6 COUNT		ace befar	e admiss	ion)
/	b. CITY OR TOV	VN (If outside corporate li	mits, write	c. LENGTH OF STAY IN	ч 16	c. CITY OR TO	WN (If a	utside carpo	rate limits, write	RURAL and	give nea	rest town)
		la (Rural)		57 days		Hyatts	svill	.e		15			
ŀ	d. NAME OF HO	OSPITAL (If not in haspital)	give street	address)	-	d. STREET AD	DRESS		_			. IS RES	IDENCE
/	U.S. NE	ival Hospital	L, Bet	hesda Md.		3813 7	<u> Thor</u> n	wood	Hoad				FARM?
Ī	3. NAME OF DECEASED	1	First	Middle		Lost		4. DATE OF		onth	Day	,	Year
	(Type or print)	Albe	ert	Clarence		PIERCE		DEATH	Decen	ıber	19		19 59
- [S. SEX	6. COLOR OR RAC	E 7 MARE	RIED T NEVER MARRIED		B. DATE OF BIRTH			9. AGE (In year last birthday	s IF UNDE			
- 1	Male	White	WIDOWI			6-22-14			45 y		Days	Haurs	Min.
	10a USUAL OCCU	PATION (Give kind of wor working life, even if retire	k dane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLA	CE (State	ar foreign c	auntry)	12 CII	IZEN OF	WHATC	OUNTRY?
	U.S. Nav	_		.S. Governm	ent	Nort	th Ca	rolin	a.		U.S.		
	13. FATHER'S NAM					14. MOTHER'S A	AAIDEN N	IAME					
	Albert H	PTERCE				Sara	ah CH	AVES					
	15. WAS DECEASE	DEVER IN U. S. ARMED FO		SOCIAL SECURITY NO.	- II	FORMANT		-	A	dress			
	Yes, no, or unknown)	(If yes, give war or dates o	f service)		(W	ife) Doro	othy	M. Pi	erce Sa	me as	#2		
_	gave rise cause (a), sta lying cause	to immediate DUE1	(c)	CONTRIBUTING TO DEAT	<u></u>	NOT RELATED TO	THETERMI	INAL DISEAS	SE CONDITION (GIVEN IN PA	RT 1(a) 1	PERFC	AUTOPSY PRMED?
İ	200. ACC DEN OR CONTRIBU (IF EITHER, NO	IT WAS UNDERLYING INTING CAUSE OF DEAT OTHER MEDICAL EXAMINER	H	CRIBE HOW INJURY OC	CURRED	CEnter nature of	injury in l	Part I ar Pa	rt II of item 18.)				
	Hour o	NJURY Manth, Doy, 1. m. 15	While			ACE OF INJURY (H story, street, office			y ar town)		(Caunty)		(State
	alive an		LCDR EOF	59 , and that a	death	U.S. I	':19P Naval Naval	M, fram ADDRESS (S L Hosp L Hosp 22d. Local	the causes of street, city or law oital, Be oital, Button (City, lawnlington)	and an thom, state) thesda ethesd	e date	stated DAT	d abave re signer 21-5
	Trancis	Gasch's 4739	Balt	imore Ave. I	Hvat					Inthun 9	for		

TO HOSPITAL CR ATTENDING PHYSICIAN: The law requires tho may be recorded by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached far use as the burial-transit permit, the registrar prior to burial, cremation, ar remayal, and in any error. VS A15 (4) 1SM 9/SB

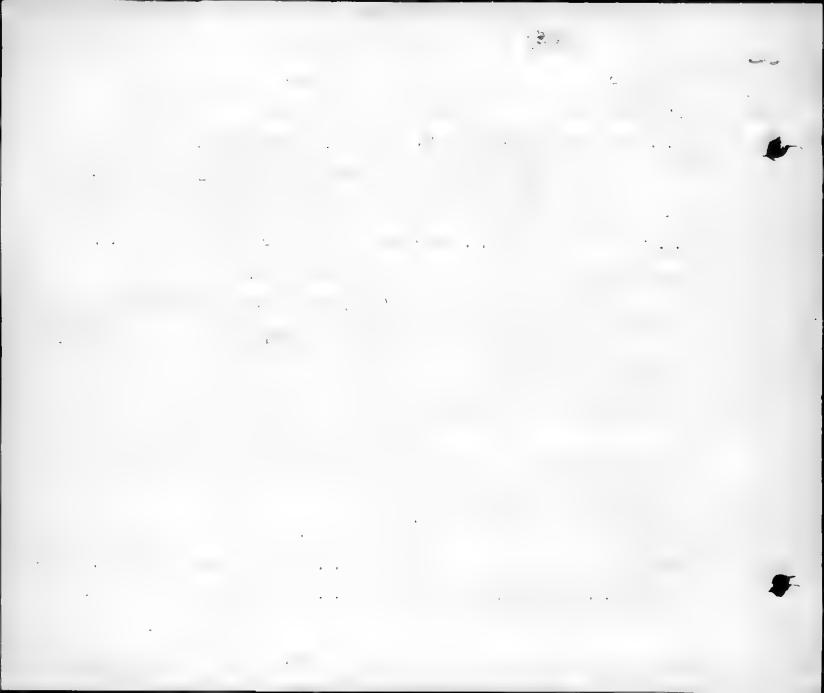
SR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 depty the hospital or attending physician

the funeral directors should be filed with

and 2 should be

the attending physician and completely filled in Then please remove carbon papers. Pages 1 ar

event within 72 haurs after death.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifilate be executed within 24 hours after death. Page 4 the funeral director, at should be filed-with may be refulled by the hospital or attending physician. TO FUNERAL LICTOR: After this certificate has been signed by the attending physician and completely filled to page 3 shalled be detached for use as the burial-transit permit. Then piease remove carbon papers. Pages 1 are the registrar prior to burial, cremation, or remaval, and in any event within 72 hours offer death.

VS A15 (4) 15M 9/55 M

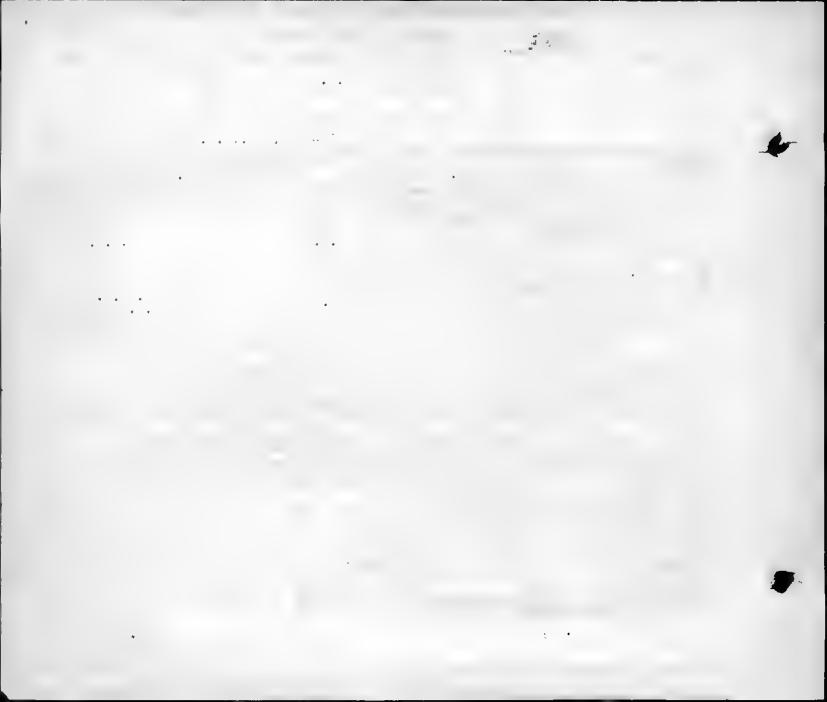
090

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	14
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13968 CERTIFICATE OF DEATH

13962

	<u> </u>									Reg. L	Pist. No.		
PLACE OF DEATH	ontgomery		Home	MARYLAND	- 11	USUAL RESIDENCE (Where d	deceosed	lived. If instituti b. COUNTY	oni Residi	ance befo	re odmiss	ion)
The second secon		D 4 1 7 7		OF CT1 V (1) 15	-	- CITY OR TOWN	16 - 6-2-3			11044	A -7		
RURAL and give ne	f outside corporate lim forest town)	rs, write	c. LENGIH	OF STAY IN 36		Washingt		e corpor	'Ole limits, Write K	LAT >	i give nec	orest lowr	1)
d. NAME OF HOSPIT OR INSTITUTION	'AL (If not in hospital, c					d. STREET ADDRESS		1.1	,	7		e. IS RES	IDENCE FARM?
ensingto	on Cardens	aest	Home			5234-lillt	ne 96	و مال د	1			YES [ио 🗌
3, NAME OF DECEASED (Type or print)	1.ADEL	'st	I.	Middle	P**(Lost	4.	DATE OF DEATH	Dec.,		Do 955		Yeor 19
SEX	6. COLOR OR RACE	7. MARR	IED TONEVE	R MARRIED	B. D	ATE OF BIRTH			9. AGE (In years last birthday)			IF UND	ER 24 HRS.
remole	White	WIDOWE	-	DIVORCED 🗌		11, 29,189	00		last birthday) 69 yrs	Months	Doys	Hours	Min,
Oo. USUAL OCCUPATIO during most of work Fousevile	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUS	SINESS OR IND	USTRY		ote or fo	oreign co	uniry)				COUNTRY
3. FATHER'S NAME					1	D.C.	N NAME				Jeses	1	
Abner P.Pa	rker				- 1"	?		_	rown				
5. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of		SOCIAL SECU		-	RMANT Ley S.Pugh	1	52	36-14th.	.5 t.	, l. ola ,	•	
Conditions, if a gove rise to it couse (o), stating lying couse lost.	ny, which (k mmediate the <u>under</u>) DUE TO	, Se	side e se	Des	nes	aly: A	a	n	hosel	ino-	in		trov
Eller	AS UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	ral	Qu	mor		T RELATED TO THE TEL	-8	rea	rauna	VEN IN PA	ART 1(0) 1	P. WAS PERFO YES [AUTOPSY PRMED? NO
20c. TIME OF INJUR Hour e. m. p. m.	Y Month, Doy, Ye	While	NJURY OCCUI	ile		OF INJURY (Home, fi , street, office bldg.,		Of. (City	or town}		(County)		(Stote)
21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	of 1 attended the	decease , 19.5			th ac	., 1959, to 1 curred at 1-40 4201 Fac	2/PM		2 19.5 the causes of reel, city or town,	and an		te state	
220- BURIAL, CREMATIO REMOVAL (Specify)	1			OF CEMETERY					ION (City, fown,)	(Stot	e)
Diriol. 23 FUNERAL DIRECTOR	S SIGNATURE	11		aum Cor			EC'D BY	REGIST				RE	



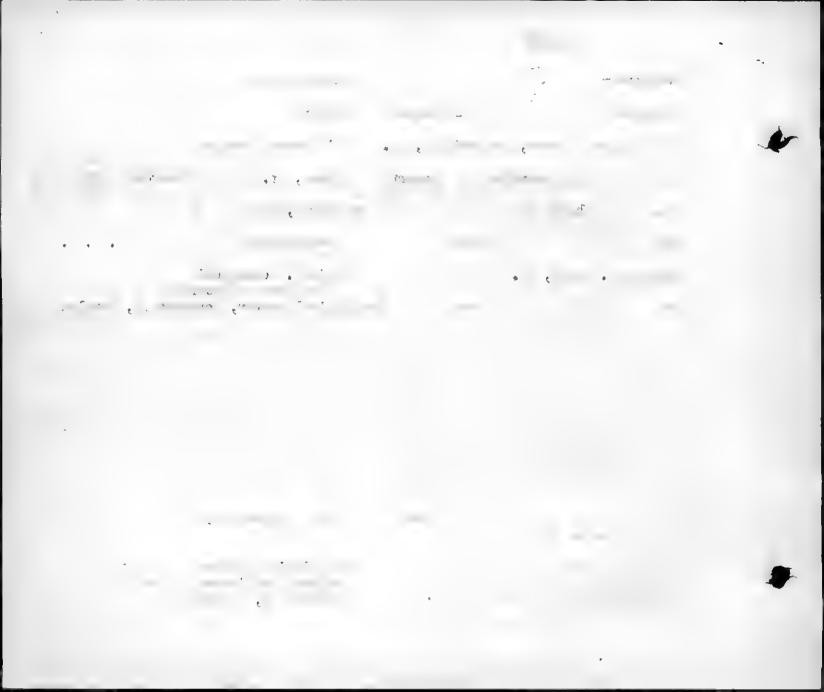
VS A1S (4) 1SM 9/S8

1	3	9	6	9

CERTIFICATE OF DEATH

Reg. Dist. No.

									144 A. D.11			
1.	PLACE OF DEATH a. COUNTY					2 USUAL RESIDENCE	E (Where decease	ed lived If institut		te befare	e admissio	3n)
	Montgomery			MAI	RYLAND	Pennsyl	rania.	B COUNT				2
	b. CITY OR TOWN (IF o	utside corporate limi	its, write	c. LENGTH OF STA	Y IN Ib	c. CITY OR TOWN	(If autside corp	orote limits, write I	URAL and g	ive neor	est town)	
	RURAL and give near	est town}		205 da		Reading			112	0	=	
_	d. NAME OF HOSPITAL	(If not in hospital, g	ive street	Oddress)	7.	d. STREET ADDRE	SS		/ -		, IS RESID	
	OR INSTITUTION	. 2	D 4	2 4 - 21	202	CO3	A				ON A I	
_	The Clinic						step Ave					
	NAME OF DECEASED	Fir	st	Midd	le	Last	4. DATE OF	Ma	1th	Day	Yı	вог
	(Type or print)		noth	Reb		Resch.	JE DEATH	Daci	mber	30		9 59
5. :	SEX	. COLOR OR RACE	7. MAR	RIED NEVER MAR	RIED 📭	B. DATE OF BIRTH		9 AGE (In years lost birthday)				
	Male	White	WIDOW	ED DIVOR	CED 🔲	October 1.	1957	5 yrs	Months	Days	Hours	Min
00	. USUAL OCCUPATION	(Give kind of work i	done 10b.	KIND OF BUSINESS	OR INDUS			country)	12.CIT12	ZEN OF	WHATCO	DUNTRY?
	during most of working	g life, even if refired	}	Wana		Damma	Jamanala		**			
13	FATHER'S NAME			A COM CO		14. MOTHER'S MAIL	vlvania PEN NAME			. S.	-/-	
	Kenneth R.	Resch, Si	Pa.		. T	Deris M.						
15 (Ye	WAS DECEASED EVER II	N. U. S. ARMED FOR	CESP 16.	SOCIAL SECURITY N	10.	FORMANT The	Medical	Record Add	ress			
	No			None	Th	a Clinical	Center.	Betheeds	1h.	Mary	land	1
	18. CAUSE OF DEATH	Enter only one co	use per li	ine for (o), (b), and (7				VAL SET	WEEN
	PART I. DEATH	WAS CAUSED BY:	Mas	sive Gastr	ointe	stinal Hem	orrhage	Acute		ONSE	T AND	DEATH
	4			52,0 00002			1011111160	110000				
	2014.3	DUE TO		+ - Tantanni						6	3/	سامالية
	Conditions, if ony, gave rise to imm	which (b	AGU	te Leukemi	.a.					0	Mon:	ens
	cause (a), stating the	NUE TO										
	lying cause lost.	(c)					_				
FICATION	PART II. OTHER	SIGNIFICANT CON	DITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GI	VEN IN PART	1(a) 19	WAS A	UTOPSY
¥											PERFOR YES IC	
	20a. ACCIDENT WAS	UNDERLYING [20b. DES	CRIBE HOW INJURY	OCCURRED	(Enter nature of injur	ry in Part I ar Pa	rt II of item 18)				
CERT	OR CONTRIBUTING [CAUSE OF DEATH				. ,		·				
				NILLIAN OCCUPACE	20.014	CE OF INITIARY (U.S.	Form DOC 1511	an haven	4.40			164.4.1
MEDICAL	20c. TIME OF INJURY Hour a. m.		or 20d. I While	NJURY OCCURRED Not while	foc	CE OF INJURY (Home tory, street, office bldg	, rarm, ₁ 201. (Cil i., etc.)	y or lown)	{C	ounty)		(State)
ME	p. m.	19		rk ot work								
	21. I certify that	Lattended the	decens	sed from Them	- 8	19 50 to	Decembe	m 30 1550	that I la	et cow	the de	cented
	alive an Dece											
	ditae du "Dece	RADE JU.	17	and inc	ii degin	accurred at 170		rne causes ar Street, city or town,		dare		abave.
	ACTIVAL V		12	6,			,		,	~~ ~		SIGNED
	SIGNATURE	crea ex	CC.	to your 1	<u> </u>	A.D. The Cli	nical Ce	nter	72-	20-5	9	
	PHYSICIAN'S		,	/				utes of]				
	NAME (Type) [AW]	RENCE A. G	AYDO	S. M.D.		Rethead	- 14 - Ma	reland				
	BUR AL, CREMATION,	22b DATE THEREC)F	22c NAME OF CE	METERY OF			TION (City, town,			(Stote)	
I	BUTTAL Specify)	12/31/	59			emetery	Res	ding.	enns	7 37		1
_	FUNERAL DIRECTOR'S	IGNATURE		ADDRESS			REC'D BY REGIS		STRAR'S SIG			
	Robert A.		PV	Bethesda	. Ma	bantara		240. KEG	Jiana J JIC	MUTALOR		
	HODGE III	- umbirt	~ J		y 110	L Y LALLO DAT	54M 4 '6	0 0	1 0 4			
_												



VS A15 (4)

e IS RESIDENCE ON A FARM? YES NO

Year

19 5

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

SDRYJ

YES NO S

(Stote)

(County)

arahung & Kraus

DATE DEC 1 4 '59

(State)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived It institution Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)



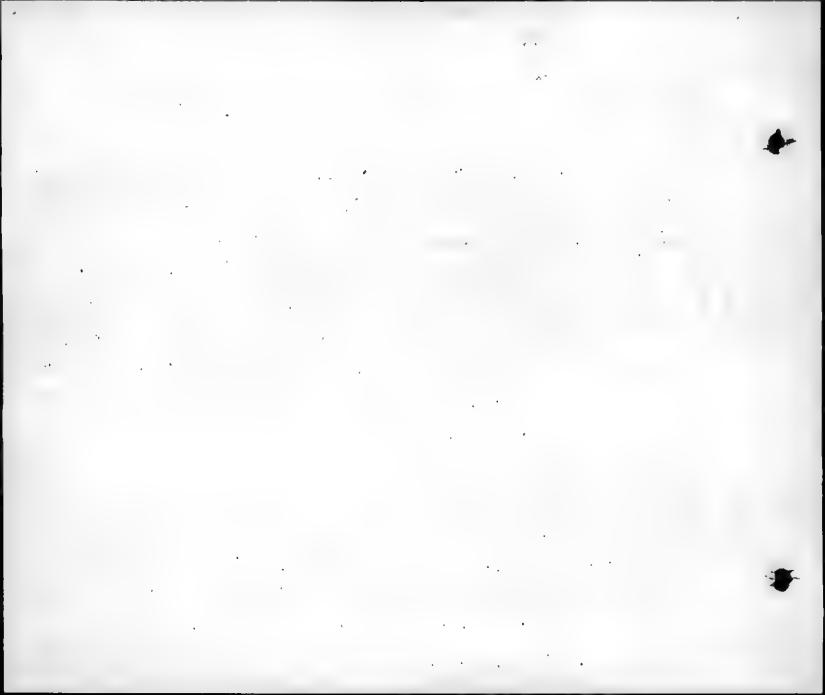


prease a	I should		cremati
cessary,	Page .		a burial,
YES DEC	COL	Á	prior to
any dela	funeral d	ir your	registrar
<u>-</u>	the	P P	the
I O DETAIL YNEDICAL EXAMILES: (his certificate shalld be exempted within 14 hours other mean. It any delay as necessary, please a	ficale, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral d "Sor, Page 4 should	farward of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far you	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior ta burial, cremati
CUTS OF	s 1, 2,	5 may	jes j a
2 11 0	e Page	Page !	الم عانا
	8. G.v	PM3.	mit.
X CTC	Item 1	h form	insit pe
Id De	ancil in	liw Buc	rial-tro
Te shoil	a us	Fice ald	as a be
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722	cute the	farwar	FUNE
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VS. A15ME(5) 5M 9/55

	MARYLAND STATE DEPARTME	NT OF HEALTH—BALTIMORE, 18	
	1397 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Reg, Dist. No. 1393	3
	PLACE OF DEATH O. COUNTY M. 40. The state of	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. STATE b. COUNTY 64 - (7
	b. CITY OR TOWN (II outside corporate Aprils, write RURAL / C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nealest town)	
Ì	and give recreit lown)	C. CIT ON TOTAL (IT CONSIDE ON PORTION IN THE WORK ON GIVE INCOME IN THE WORK ON GIVE INCOME.)	
-	d. NAME OF HOSPITAL OF INSTITUTION (If not in hospitol, give street address)	d. STREET ADDRESS 0. 15 RESIDENCE	~ F
	10419 Munnaker 3t	10419 Warenaken VES NO	12
	NAME OF First Middle (Type or print)	Lost 4. DATE Month Day Year OF DEATH 7 19 13	5
_	11000 10010	DATE OF SIRTH 9 AGE IN yours IF UNDER 14EAR IF UNDER 24 HI	_
	LINE WIDOWED DOYORCED	3-17-1882 tout birthday) Months Days Hours Min.	
100	ia USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTE during most of working life, even if retired)		RY'
•	during most of working life, even if retired)	metal a 0 11.56	
13.	B. FATHER'S NAME	14. MOTHER'S, MAIDEN NAME	
	Medall Farres	Elland Buckley	
15.	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address	
[146		a. A Rock - Olim 2	
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH	
	PART +. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	etcling on middle	1
	420./ DUE TO		
	Conditions, if ony, which)		
	gove rise to immediate cause OUE TO		
	couse lost. (c)		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? YES \(\bigcap \) NO \(\bigcap \)	
E C	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (E)	iter nature of injury in Part I ar Part II of item 18.]	٤_
CERT	PRIMARY I or CONTRIBUTING I	and the strain of the strain to stra	
		E OF INJURY (Home, form, 20f, (City or town) (County) (State	1
MEDICAL		ry, street, office bidg., etc.)	
	21. I certify that I taak charge of the remains described above	e, held an Autopsy 🔲, Inspection 📈, Inquiry 📈, and find th	nal
	death resulted fram: Natural causes 🔀, Accident 🔲, Suice	ide 🔲, Homicide 🔲, Undetermined cause 🔲.	
	1	DATE DATE OF THE PARTY OF THE P	
	SIGNATURE Trank J. Buschar	M.D. CHIEF MEDICAL EXAMINER [_]	
	EXAMINER'S FLANK J. Broschz HT	ASSISTANT MEDICAL EXAMINER () DEPUTY MEDICAL EXAMINER (X)	
220	O. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (State)	
,	Spirens 12-10-59 mt. alem	it Wash D.C.	
त्र.	. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTIMAE'S SIGNATUREA	
1	emothy Handon - 3831-GA. H	DATE	





Ren Dist No.

	1		- CO # 4	<u> </u>					K	eg. Dist. No	Q.	
	1 PLACE C	OF DEATH	ntgomery	7	MARY		. USUAL RESIDENCE (WI		COLINTY			n)
							Maryl	and	M	ontgo		
	RURA	OR TOWN (If L ond give nea thesds		its, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (IF a		nits, write RURA	L and give ne	earest town)	
	d. NAM	E OF HOSPITA	L (If not in hospital, s	give street	oddress)	- +	d. STREET ADDRESS				e. is RESID	ENCE
	OR IN	ISTITUTION	ones Bri		•		4025 Jone	s Bridg	e Rd.		ON A F	ARM?
	3. NAME C DECEASI (Type or	ED	BLANC	one CHE	Middle S •	RO	UNDS	4. DATE OF DEATH	DEC.	18,	Pay Yes	or 59
	5. SEX		6. COLOR OR RACE	7 MARR	IED NEVER MARRIE	D 🗀 8.	DATE OF BIRTH	9 AG	E (In years IF)	UNDER 1 YEA	R IF UNDER	24 HRS
		male	White	WIDOWE	DIVORCE				birthdoy) M.	Oths Doys	Hours	Min
	10a. USUAL during	. OCCUPATION most of working	I (Give kind of work g life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUSTR	Y 11. BIRTHPLACE (Stote	or foreign country)		12. CITIZEN C	OF WHAT CO	UNTRY?
		emaker	_	'			Richford	. Vermo	nt	U.	S.	
	13. FATHER	S NAME					14. MOTHER'S MAIDEN I					
	F	rank C	. Sears				Addie	Powell				
1	15. WAS DE	ECEASED EVER	IN U. S. ARMED FOI yes, give war er dates of:		SOCIAL SECURITY NO.	INF	DRMANT		Address			
]	No	The second	yas, give wor si dules or :		ne	Mrs	. Henry Bl	.oonj-dau	ghter-	same	as 2	2d
	18. CA	USE OF DEAT	1 [Enter only one co	ouse per lin	ie for (o), (b), and (c)]		_ ^		4		TERVAL BETV	
		PART I. DEATH	I WAS CAUSED BY: MMEDIATE CAUSE (c	, Q	meralized	a	teno scle	inis au	Les Contractions of the Contraction of the Contract	0	DISET AND DEATH	
	1 4	50.0	DUE TO			1		4		-		
		litions, if on	which) a	· C	meenting.	, he	art Isal	une			0	
	gove	rise to im	mediote (- Y	-	1					
		(a), stating the	e under-	c}								
4	CATION	PART II. OTHE	SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERM	NAL DISEASE CON	DIT.ON GIVEN	IN PART 1(a)	19. WAS AU	JTOPSY
	\ \		Chron	ci V	mchiel	ant.	tom a					NO.
		C DENT WAS	UNDERLYING	20b. DESC	RIBE HOW INJURY OF	CURRED.	Enter noture of injury in	Port I or Port II of	tem 18.)			
	200. AC OR CO (IF EITH	NTRIBUTING L IER, NOTIFY M	CAUSE OF DEATH EDICAL EXAMINER)									
	₹ 20c. TIM	AE OF INJURY	Month, Day, Ye	ar 20d. IN	JURY OCCURRED	20e. PLAC	E OF INJURY (Hame form	. 20f (City ar tov	vn)	(County	/}	(Stote)
	ZOc. TIM	lour a.m. p.m.	19	While of work	Not while	factor	y, street, office bldg., etc	-) [
	l		t I attended the		Ce.	-194	\$ 19 ta &	uc 18	19.65 the	ıt I last sa	w the dec	reased
	alive	· • • • •	1.18	. 19 >	1-9, and that	death a		Ke from the c				
			1 .1/				- /	ADDRESS (Street, c	ity ar tawn, stot	0]_	DATE	SIGNED
	ACTUA SIGNA	TURE	ENFOR	2 mis	eu.	M.I	900 0 17t	h Stree	t, N.	W.		
	PHYSIC	IAN'S (Type)	Saul	1/	to It ? m	97	Washing	ton, D.	C.	1	2-19-	•59
	Cres	CREMATION		59	Cedar Hi	TERY OR C	rematory rematory	Suitlar	city, town, or cold, Mai	ÿland	d (State)	
		L DIRECTOR'S	SIGNATURE Pumphr	ev	ADDRESS Bethesda.	Mar	arl and	D BY REGISTRAR	24b REGISTRA			
			1	3	y		V DATE ET	12 A 15 Y	E I Thum	3 77 4 4 18	4	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours fer may be recorded by the haspital or attending physician.

TO FUNERAL TRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shouther registrar prior to burial, cremation, ar remaval, and in any event within Thous after death.

VS A15 (4) 15M 9/5B

funeral director, rul be filed with

fler death. Page 4





TO HOSPITAL OF

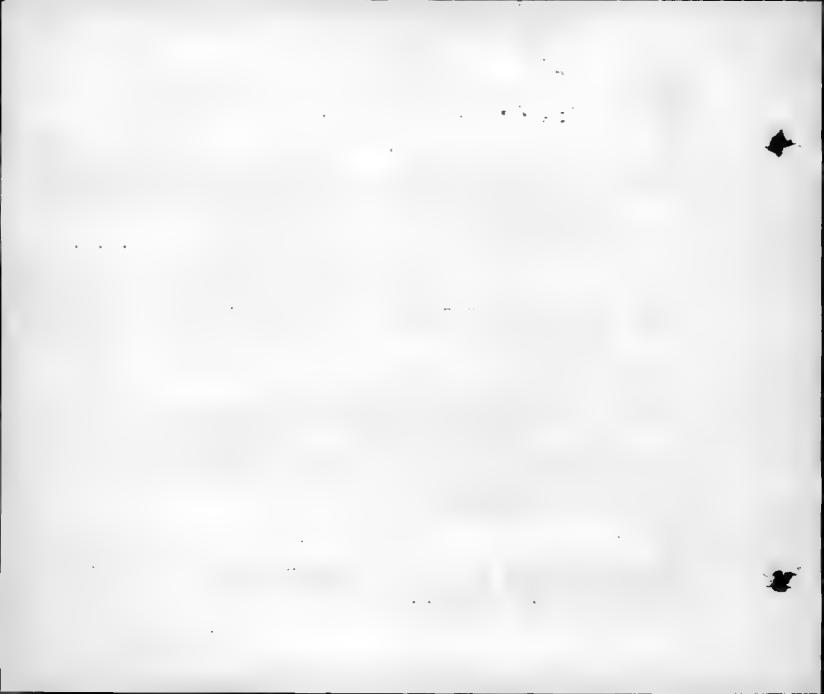
VS A1S (4) 15M 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13974

13940

CERTIFICATE OF DEATH

								<u> </u>		Re	eg. Dist	No.		
1. PLACE OF DEATH o. COUNTY	MATERIAL			USUAL RESID	lived. If institution- Residence before admission)									
Montgomery				o. STATE b. COUNTY Virginia						√				
b CLTY OR TOWN (If RURAL and give near	c. LENGTH OF	STAY IN 16		c. CITY OR TOWN (If autside carparate limits, write RURAL and						ve nea	rest town	1}		
Bethesda	76 days			Newport News										
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION						d. STREET ADDRESS						e. IS RESIDENCE ON A FARM?		
The Clinic	<u>al Center</u>	Bet	<u>hesda ll</u>	. Md.	Ш	502 H	ickor	y Dri	<u>ve</u>				YES [NO 🔀
3. NAME OF DECEASED	First William		Middle (None)			Lost		4. DATE OF	N	Month		Day		Year
(Type or print)						Sacke	r	DEATH	December		er	_6_		1959
5. SEX	6 COLOR OR RACE	7. MARR	IED MEVER N	ARRIED	8. D	ATE OF BIRTH	1		9 AGE (In year lost birthday			YEAR	IF UNDE	R 24 HRS
Male	White	WIDOWI	DIVID DIV	ORCED _	M	ay 25,	1898			rs i	Ollins L	Days	riburs	WOR
10a. USUAL OCCUPATION during most of working	V (Give kind of work	dane 10b.	KIND OF BUSIN	ESS OR IND	USTRY	11. BIRTHPL	ACE (State of	or fareign co	ountry}		12. CITIZ	ZEN O	F WHAT	COUNTRY
Merchandis			partment	Store	е	Aus	tria				U.	S.	A .	
13. FATHER'S NAME			14	14 MOTHER'S MAIDEN NAME										
Max Sacker		Anna Kleinhouse												
15. WAS DECEASED EVER	IN U.S. ARMED FOI		SOCIAL SECURIT	Y NO. 17	INFO	RMANThe	Medi	cal Re	ecord A	ddress				
No	yes, give wor or durer or	2	23-09-35	69 Th	e C	linica	l Cen	ter. I	Bethesd	a 1	L. M	arv	land	
18. CAUSE OF DEAT	H [Enter anly one a										-	INTE	PVAL BE	TWEEN
	H WAS CAUSED BY:								8 hours					
	IMMEDIATE CAUSE (DUE TO							•				-	1100	tal aj
Canditions, if an		8.0	ute Leuk	romio										
gove rise to im			uce neur	Curra								+-		
couse (a), stating the	e under-		ticulum	0-11	C ~ ~	0.000								
	R SIGNIFICANT CON						THE TERMIN	NAL DISEAS	E CONDITION (GIVEN	IN PART	1(a) 19	9 WAS	ALTOPSY
PART II. OTHE							7772 72117111	776 0 70 2 70	2 20110111	5,72,7		160;	PERFO	RMED?
20g. ACCIDENT WAS	UNDERLYING	20b. DES	CRIBE HOW INJU	RY OCCURR	ED. (E	nter noture o	injury in P	ort I or Part	II of item 18.)					
- 1.	MEDICAL EXAMINER)													
ZOC. TIME OF INJURY	Month, Day, Ye		VJURY OCCURRE	D 20e P	LACE	OF INJURY (I	tome, farm,	20f. (City	ar tawn)		(Co	ounty)		(Stote)
G Hour a.m.	19	While at wor	k □ at wark [ם ו כ	остоту,	, sireer, office	Diog., etc.	'						
21. I certify the	it I attended the	deceas	ed fromSe	ptemb	ar_i	211959_	, to_Da	cembe:	r.6., 195	9,1	hat I la	ast sa	w the	decease
olive on_Dege		, 125							n the cause:					
	A -1	^	1						reet, city ar tow					ATE SIGNE
ACTUAL SIGNATURE	allen	16 V	Old low	40	M.D.	The C	linic	al Cei	nter		1	.2-6	-59	
		`							utes of	Не	alth			
PHYSICIAN'S NAME (Type)	ARTHUR R.	ROTH	MAN, M.	.D.	_				ryland-					
220. BURIAL, GREMATION	, 22b. DATE THERE)F	22c. NAME OF	CEMETERY	OR CR				ION (Sity, tow	7, or c	ounty),		(Stat	e}
REMOVAL (Specify)	12-8-59							uland	0	luk	9			
23. FUNERAL DIRECTOR'S	SIGNATURE /		ADDRESS	1	1		24a. REC'E	BY REGIST		GISTR/	AR'S SIGI	NATUR	E	
Beaman	sky 4 1x	NR	8501-14	Lea /	471	11/	DATE DE		- 0	7 +1	0	20		



HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haves after death. If any delay is necessary, please execute in historie, writing the word "pending" in pending them. 18. Give Pages 1, 2, and 3 to the furth director. Page 4 should be worded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL MENTER: Page 3 should be used as a burial-transit permit. File pages 1 and 2 mith the State Board of Health, at its designated agent, prior to burial, cremation, or removal, and in any eyent withing 72 hours after death.

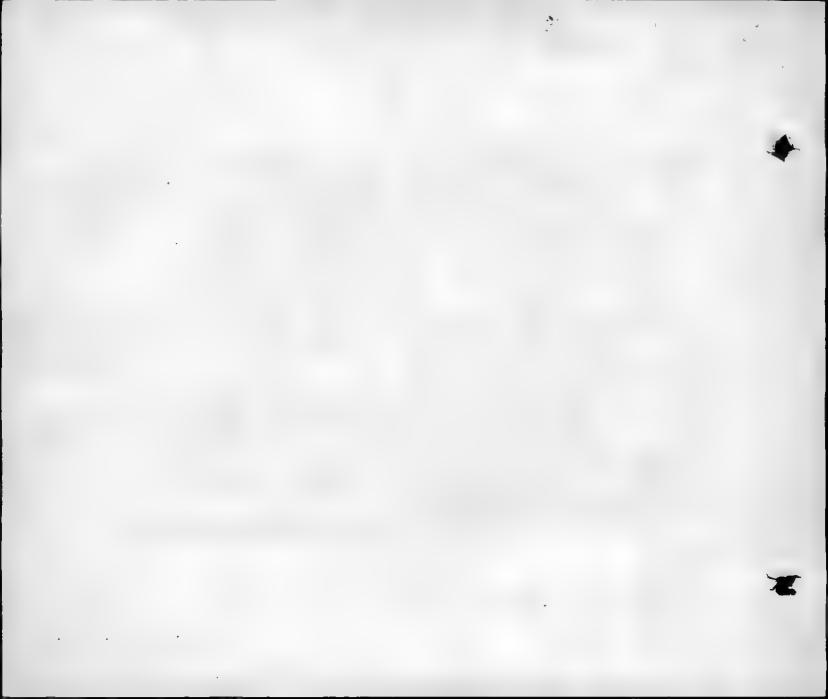
VS. A15ME 5M 2757

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FOR STATE	FO	R ST	ATE	l

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1207 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13941

19919				Reg. Di	st. No.
PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived.	If institution Reside	nce before admission)
Montgomery	MARYLAND	o. STATE Marv	land b	COUNTY MOT	ntgomery
	ENGTH OF STAY IN 16	E. CITY OR TOWN (IF			and a set of the same
Bethesda		X Reth	esda		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite).	give street oddress)	d STREET ADDRESS			a IS RESIDENCE
4602 Chase Avenue		4602	Chase A	venue	YES NO K
3. NAME OF First DECEASED	Middle		4 DATE OF	Month	Doy Year
(Type or print) EDWIN	JOHN SA	CKETT		Dec.	5 1959
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8 D		9 AGE		The second secon
Male White WIDOWED	DIVORCED 🗍 S	ept. 28, 1	.896	. Midmittl 1	Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b KIND of during most of working life, even if retired)	OF BUSINESS OR INDUSTRY				ZEN OF WHAT COUNTRY?
Fireman	ef	New York	Caty, N.	Y. US	3
13. FATHER'S NAME	ı	14. MOTHER'S MAIDEN N.			
Maurice Sackett		Lillian	Beaver		
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCI	AL SECURITY NO. 17. INFO	ORMANT Wife		Address	
	-Unknown Et	hel A. Sac	kett	Same as	Item #2
18. CAUSE OF DEATH (Enter only one coute per line far to			- 1	-	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ronary occ	lusion			Found dead
4-20,1 DUE TO					on bedroom
Conditions, if ony, which) (b)					floor
gove rise to immediate cause					
couse last.					
	BUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NALDISEASE CONDI	ION GIVEN IN PART	1(a) 19. WAS AUTOPSY
CATION					PERFORMED? YES NO 18
	W INJURY OCCURRED (Ente	or nature of injury in Part	for Part II of item 1	8)	
	Y OCCURRED 20e. PLACE	OF INJURY (Home, form,	1206 (City or town)	(Cour	nty) (Stote)
20c TIME OF INJURY Month, Doy, Year 20d INJUR Hour o.m. While of work 19 of work	Not while factory,	, street, office bldg., etc.)	1	(Con	my) (Signe)
		hald as Astaur		1071 · · ·	THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS
21. I certify that I took charge of the remo				-	
opinion death resulted from. Natural cause	S A. Accident	, Suicide], H	lomicide [_],	Undetermined m	ionner 🔲
ACTUAL TO B.	- 1. 6	Ciliff administ two			DATE SIGNED
SIGNATURE STEERS ST.	mant	M.D. CHIEF MEDICAL EXA	_		
EXAMINER'S TOTAL		ASSISTANT MEDICA	_	3.0	15 150
NAME (Type) Frank J. Broscha		DEPUTY MEDICAL E			5/59
REMOVAL (Specify)	NAME OF CEMETERY OR CR		22d LOCATION (Cit	_	(Stote)
	edar Hill C			George C	
25 TOTAL DIRECTOR OF STREET	thesda, Md.			46. REGISTRAR'S SIGI	1.4
		DATEDEC	8 '59	Chilling S. 1	Tracks





the registrar TO FUNER page VS A15 (4) 1SM 10/57

er death: Page

hau

National Institutes of Health PHYSICIAN'S Richard C. Mechanic Rathesda 11. Marwland 270 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City fown, or county) Crematory Suitland, Cedar Hill 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR . DATE DEC 2 1 '59

e. IS RESIDENCE

U. S. A.

(County)

INTERVAL BETWEEN ONSET AND DEATH

2 vears

WAS AUTOPSY PERFORMED? YES THE NO!

(Stote)

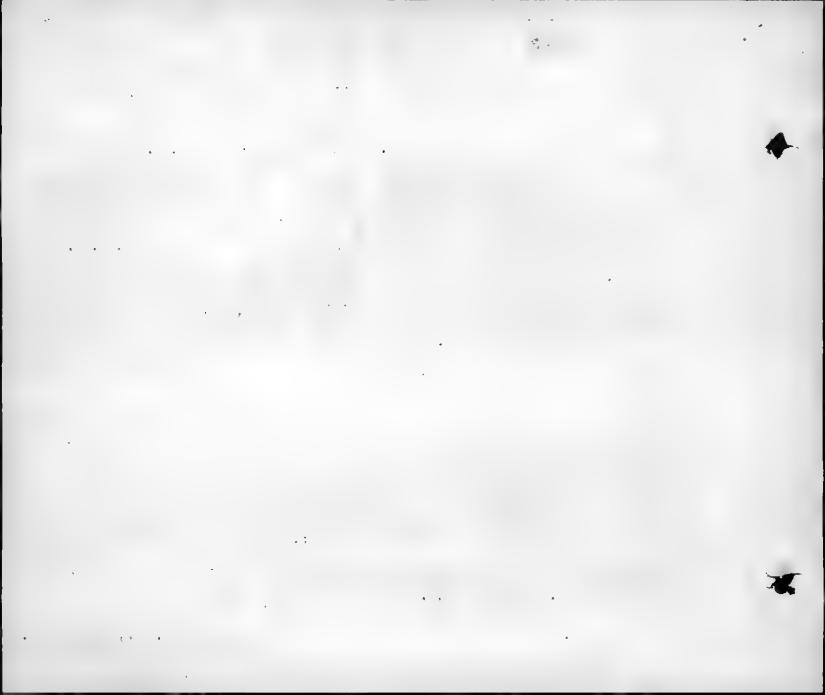
DATE SIGNED

ON A FARM?

YES NO TO

Yeor

1959



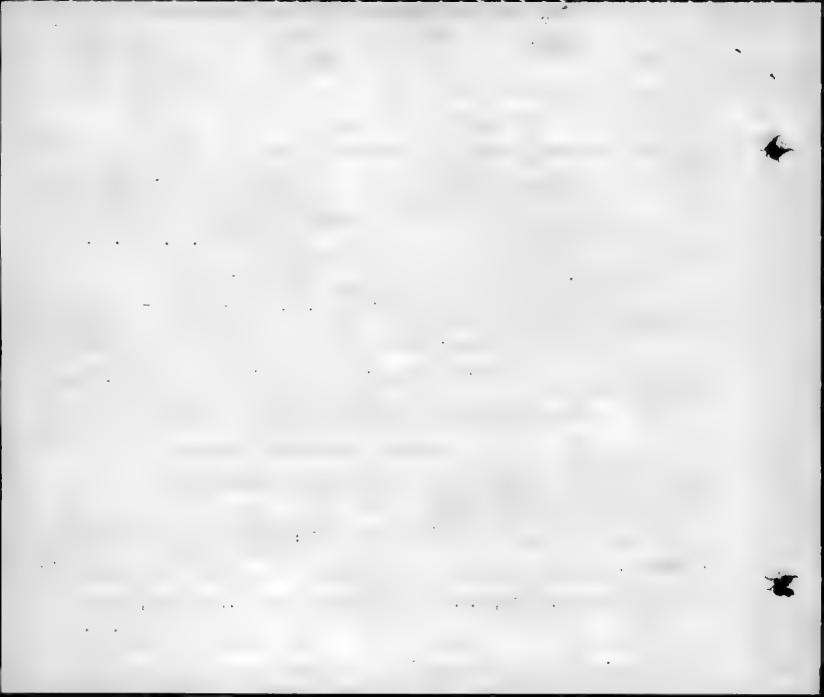
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1	3	9	7	S

CERTIFICATE OF DEATH

Reg. Dist. No.

									110 11	*******	
1. PLACE OF DEATH o. COUNTY	antromo wa		MARYI	- 11	g. STATE	Mary		l lived. If institut b. COUNTY		ce before	
b. CITY OR TOWN (I	ontgomery If outside carporate limi	ls, write	c. LENGTH OF STAY I	N 1b	c. CITY OR			rate limits, write I		-	
RURAL and give no					×		y Cha				,
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	address)		d. STREET A		y Olla			e.	IS RESIDENCE
OR INSTITUTION	idgewood				7100	Ridge	boows	Road			ON A FARM? YES NO IS
3. NAME OF DECEASED	Fir	11	Middle		Los	st	4. DATE	Ma	nth	Day	Year
(Type or print)	Jov		M		Schmi	tt	OF DEATH	De	2.	6	19 59
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D 🔲 B.	DATE OF BIRT	Ή		9. AGE (In years			UNDER 24 HRS.
Female	White	WIDOW	ED DIVORCED		5/28/1	.888		10st birthday) 71 yrs.	Mg ths	Bod	Hours Min,
10a. USUAL OCCUPATION during most of work		done 10b.	KIND OF BUSINESS OF	INDUSTR	Y 11. BIRTHPI	LACE (Slate	ar fareign ca	ountry)	12. CIT	IZEN OF	WHAT COUNTRY?
School	Teacher	,]	Retired			Wash	ingto	n D. C.	. U	. S.	
13. FATHER'S NAME	reacher	-	1100000		14. MOTHER'S						
Alfr	ed P. Mar	stor	a			Ali	ce A.	Sulli	van		
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.		ORMANT				lress		-
No	fit yes, give wor or outside or i	a vice)	None	E	dwin A	. Sc	hmitt	-husbai	n d- sa	me a	as 2d
/ L		use per li	ne far (a), (b), and (c).]							INTER	VAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Ca	rdiac failu	re							minutes
162.1	DUE TO										
Conditions, if a		. Br	onchogenic	Carc	inoma o	f lef	t lune			1	vear
gave rise to i											* -
lying couse lost.) (0)									
PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PART	T 1(a) 19.	WAS AUTOPSY PERFORMED?
8										Y	ES NO
PART III. OTH	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OC	CURRED.	(Enler nature d	of injury in f	Port I or Port	II of item 18.)			
	Y Month, Day, Ye	er 20d. ti	NJURY OCCURRED	20e. PLAC	E OF INJURY I	Hame farm	20f (Ciby	or Iowa)	11	County)	(Stote)
Hour o. ft.	19	While	Nat while	foctor	ry, street, office	e bldg., etc.)	01 104117	10	2001171	(Jiole)
					10 50	. De	e e mb e m	£ EC			
			ed from May 26								
alive on Dec	emoet 4	, 18 <u>5</u>	9, and that	death o	ccurred at			the Causes (reel, city or town,		ne date	
ACTUAL SIGNATURE	mf 4. (drig	Ca.	M.I	5001		Flat	A B	£	1. 6	DATE SIGNED
PHYSICIAN'S NAME (Type) R	obert G.A.	nean.	M.D.		5009	al Re	II. Aire	Bether	ıda M	amul.	nnd
220. BURIAL CREMATIO	N. 225. DATE THEREC	F	22c. NAME OF CEME	TERY OR C	REMATORY		22d. LOCAT	ION (City, town,	or county)	ك أن الله شاها	(State)
Burial (Specify)	12/9/5	9	Rock Cre	eek	Cemete	ry	Wa	shingt	on, "I). C	
23. FUNERAL DIRECTOR			ADDRESS	М			BY REGISTE		STRAR'S SIG	MATURE	
Robert A	. Pumphre	y .	Bethesda,	Mar	yrand	DATE DE	C 8 '5'	g a	cuus ⊿.	I Marriage	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13945 **CERTIFICATE OF DEATH** 13070 Rea. Dist. No. I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) COUNTY **b.** COUNTY MARYLAND OW/SOME death. erol CITY OR TOWN (If outside corporate limits, write C LEMOTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ RURAL and give negrest town) plubhs \subseteq d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address), OR INSTITUTION dill YES NO haur 3. NAME OF 4. DATE First Middle Month Day Year Filled DECEASED within 24 DEATH (Type or print) 19.5 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months. Doys WIDOWED [7] DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? GEWIT FORNIH 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician please rem-Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 18-SOCIAL SECURITY NO 17. INFORMANT Lift yes, give wor or dates of services attending 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO CLEBRAL ATTERIOSCLEVAL á Conditions, if ony, which signed ii gove rise to immediate DUE TO couse (a), stating the underlying couse lost, (c) PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? YES NO 17 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port t or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING TO CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour o. m While Not while at work | of work p. m. 21. I certify that I ottended the deceased from Ithor I lost sow the deceosed A, and that death occurred alive on__ M, from the couses and on the date stated above. ADDRESS (Street, city or lowgr state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURTAL CREMATION. 22b. DATE THEREO! 22c NAME OF CEMPTERY OR CREMATORY 22d LOCATION (City, town, or gounty) (Slote) FUN REMOVAL (Seedily) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** REGISTRAR'S SIGNATURE 240. VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13980

the attending physician and campletely filled by the funeral director. Then please remave carban papers. Pages 1 and 2 should be filed with

07:

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs after death. Page 4 Is by the haspital ar attending physician.

RECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director,

the registrar priar to burial, cremation, ar removal, and in any event within 72 haurs after death.

page 3 should be detached for use as the burial-transit permit.

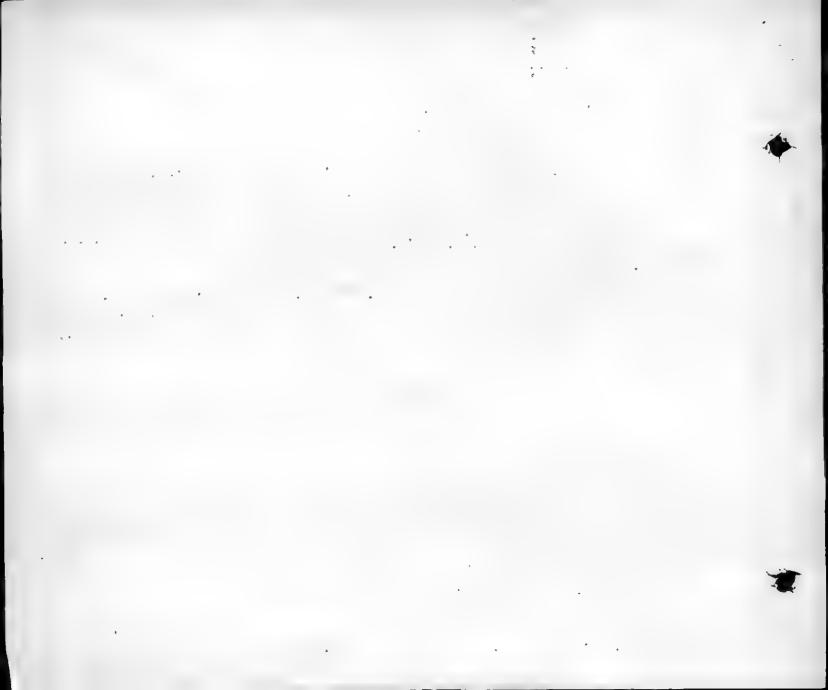
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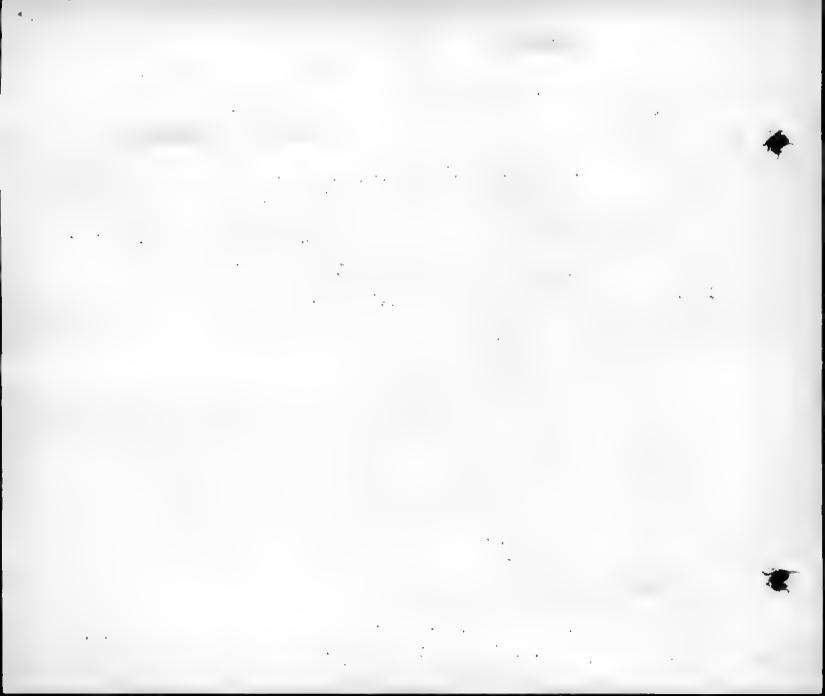
VS A1S (4) 15M 9/SB

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	ONTGOMERY	MARYLAND	II A CTATE	ARYLAND	ed lived. If institut b. COUNTY	MONTGOM	efore admission) ERY
RURAL and give ne	f outside corporate limits, write carest town) NDY SPRING	8 hrs.		WN (If outside corp	orate limits, write l	RURAL and give n	nearest town)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in haspital, give street of MONTGOMERY COUN ROSPIT	oddress) TY GENERAL AL	d. STREET ADD	RESS EVERLY RO	DAD		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First EUGENE	M·ddle WILEY	SCOTT	4. DATE OF DEATE	Mo DE		Day Year 1 1959
S. SEX MALE	6. COLOR OR RACE 7. MARR WHITE WIDOWE		8. DATE OF BIRTH 3/17/86		9. AGE (In years fast birthday) 73 yrs.	Months Days	AR IF UNDER 24 HRS s Hours Min.
10g. USUAL OCCUPATIO during most of work EN CORO LO	DN (Give kind of work dane inquire, even if retired) De	KIND OF BUSINESS OR INDU pt. of Agricul U.S. Goy't.	stry 11 BIRTHPLAC	E (State or foreign	country)		OF WHAT COUNTRY
LEVY M. SC	OTT		14. MOTHER'S M. AMANDA	EDMONDS	ON		
(Yes, no, or unknown)	R IN U. S. ARMED FORCES? 16. (If yes, give wor or doles of service) WW #1	social security no. Mr.s	nformant S Betsy H	. Scott,	4105 Bev Rockvill		,
1 1	mmediate (spoply inbels 1	in Is wellet	2 Cs	tin	01	Syn 2 yn
20g. ACCIDENT WA	IER SIGNIFICANT CONDITIONS É S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	CRIBE HOW INJURY OCCURRE				VEN IN PART 1(a)	PERFORMED? YES NO
	Y Manth, Day, Year 20d, It		ACE OF INJURY (Ho ctory, street, office b		ty or town)	(Count	ly) (State
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the decease 4 , 19.3 AIDING AI	, and that death	, 19,3-9, n occurred at 7.	YJPM, from		nd an the da	aw the decease ste stated above DATE SIGNE
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL		ROCKVILLE CEN	ETERY	MOM	ATION (City, town, ITGOMERY	COUNTY,	
Kaymond	A.Zuka	STEVER SPRI	TAG , LID .	IG. REC'D BY REGIS		ISTRAR'S SIGNAT	





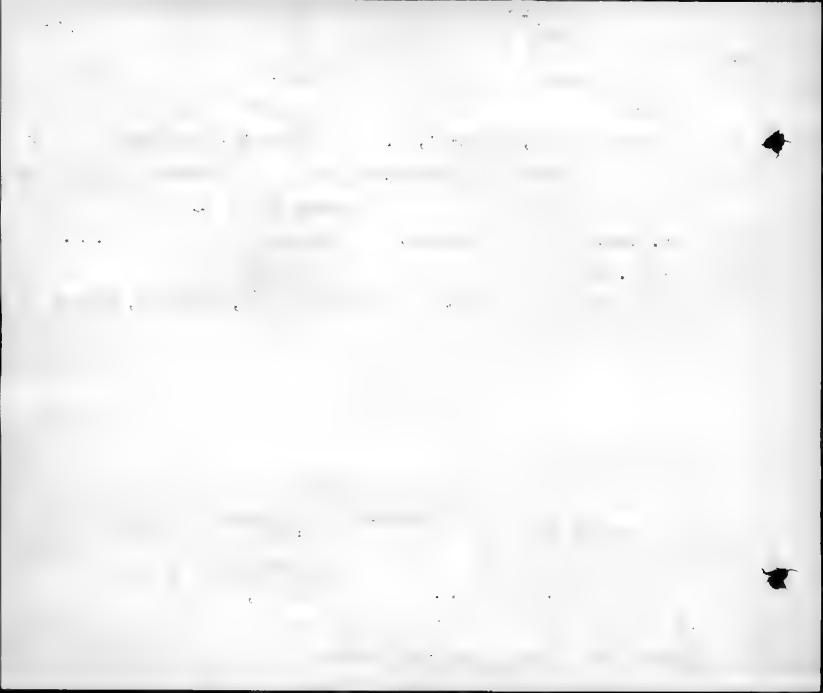
Toa.

		4	T0201		CERTI	1107	IL OI DEA			Reg. Dis	t. No.		
		PLACE OF DEATH D. COUNTY Mont	gomery		MARY	- 11	usual residence	(Where decease	ed lived. If institution b. COUNTY		e before oc		
	'	b CITY OR TOWN (If outs RURAL and give nearest Bethesda		write c	LENGTH OF STAY			(If autside corp andria	arate limits, write RI	JRAL and g	ive nearest	town)	
		d. NAME OF HOSPITAL (IF OR INSTITUTION The Clinical				Id.	d. STREET ADDRES		Curtis D	rive	0	RESIDENCE IN A FARM? S NO	
		NAME OF DECEASED (Type or print)	Edward	()	Middle	name	Siff	4. DATE OF DEATH	Mon Decemb		18	Year 19 59	
	5. 9	Male W		VIDOWED			DATE OF BIRTH		lost birthday) 45 yrs.		Doys Ha	INDER 24 HRS urs Min.	
		USUAL OCCUPATION (G during most of working li Mgt. Analyst	ife even if retired)		nd of Business of Bovernment		Y 11. BIRTHPLACE (S		country)	12. CITI2	U.S.	ATCOUNTRY?	
	13.	FATHER'S NAME					14 MOTHER'S MAIDE	EN NAME					
7		Simon L. Sif	Î				Lena	Levin					
		WAS DECEASED EVER IN (If yes, Yes	U, S. ARMED FORCE give war or dates of servi		None		Clinical				Maryla	and	
		18 CAUSE OF DEATH		e per line	for (a), (b), and (c).						INTERVA	L BETWEEN	
						•	າກາ້າ				ONSET AND DEATH		
		190.9	DUE TO	TOACH	ira and be	ST.OTO	mira				1 5 GE	rys	
		Canditions, if any, w		Donfo	nation of	e etar	nah				P 3-		
		gave rise to immediate DISTO									15 as	ays	
		cause (a), stating the <u>u</u> lying cause last.	nour-	Malic	mant Lym	homa					3ª vears		
2	CERTIFICATION	PART I! OTHER S!					OT RELATED TO THE T	ERMINAL D SEA	SE CONDITION GIV	EN IN PART	RT I(a) 19 WAS AUTOPSY PERFORMED? YES 10 NO 1		
		20a ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MEDI	DERLYING 20 AUSE OF DEATH CAL EXAMINER)	0b. DESCRI	BE HOW INJURY O	CCURRED.	(Enter nature of injury	y in Part I ar Pa	irt II of item 18)				
	MEDICAL	20c. TIME OF INJURY M Haur a. m. p. m.	anth, Day, Year 19	20d. INJU While at work [URY OCCURRED Not while at work	20e PLAC facto	E OF INJURY (Home, ry, street, office bldg ,	farm, 20f. (Cit	ty or town)	(C	ounty)	(State)	
		21. I certify that I	attended the d	eceased	from Septe	mber	24. 19 59 ta	Decembe	r 18 19 59	that I las	st saw th	e decensed	
		olive on Decemb		19 59			ccurred at 7:4						
		1	1/,	1 4	P . 1				Street, city or town,			DATE SIGNED	
,		ACTUAL SIGNATURE	man R	10/	with	Z_M.	The Cli	nical C	enter		12	2/18/59	
		PHYSICIAN'S NOTA			4		Nationa	l Insti	tutes of	Healt	h		
		NAME (Type) NORM	AN R. GEV	IRTZ,	M.D.		Bethesd	a 14, M	aryland				
	220	BURIAL, CREMATION, 2 REMOVAL (Special)	26. DATE THEREOF	7	ACOZELL	TERY OR	REMATORY	/	ATION (City, to fel, o	or county),	5 /	State)	
	23(FUNERAL DIRECTOR'S SIG		-	ADDRESS		00 240.1	REC'D BY REGIS		STRAR \$ SIG			
	· S	seek Lew	is offer	210	O DUTE	1.	XACQ DATE	DEC 2.2	2 '59 (ن اسلمال	8. Then	4	

TO HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be ret:

by the hospital ar ottending physician.

TO FUNERAL PACTOR: After this certificate has been signed by the ottending physician and completely filled in . The funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove period papers. Pages 1 and 2 shauld be flectored the registror prior to burial, cremation, or remayol, and in any event within 72 hour offer greath. VS A1S (4) 1SM 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Whate deceased lived, if institution: Residence before admission) e. COUNTY **b.** COUNTY files. Mediff, MARYLAND c. LENGTH OF STAY IN 16 b, CITY OR TOWN III c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) agr. , d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Sanifarium J YES NO I NAME QE DATE Year OF DEATH 195 (Type or print) MACKPL 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (le years IF UNDER TYEAR IF UNDER 24 HRS lost berthday Months Days Hours WIDOWED [DIVORCED [18a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Poge 1 45510 ERCHANT orm PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown form 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, ig we war as dates of service) Office olong with NIEPVAL BETWEEN ONSET ANOTOEATH 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART 1. DEATH WAS CAUSED BY: Cerebral hemorrhage IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which Contusions and lacerations move rise to immediate come **DUE TO** (a), stating the underlying down stairs cause fast. PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY ased PERFORMED? Chief Medical E NOF 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f (City or fown) (State) factory, street, office bldg., etc.) Not while While Poor ? 1954 at work at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection/ Anguiry and in my opinion death resulted from: Notural couses ... Accident X Suicide . Homicide ... Undetermined monner ACTUAL SIGNATURE **DATE SIGNED** CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER NAME (Type) DEPUTY MEDICAL EXAMINER 270. BURIAL, CREMATION, 226 DATE THEREOF 22d LOCATION (City, town, or county) 70 ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME



24



XI	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	
\	13982 CERTIFICATE OF DEATH Reg. Dist. N	No. 13951
	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence by STATE b. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence by STATE b. COUNTY	efare admission)
	Montgomery Y OR TOWN (If outside carporate limits, write RURAL and give RAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give	nearest tawn)
~	Bethesda 19 Days ME OF HOSPITAL (If not an hospital give street address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
14	Suburban 5928 9th St N.W. Apt. # 22 E OF First Middle Lost 4. DATE Month	Day Year
	ASED OF CONTROL OF CON	10
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lift UNDER 1 17 Months Day WIDOWED DIVORCED NOT DIVORCED NO	AR IF UNDER 24 HRS
	White	OF WHAT COUNTRY?
	Painter Dept. of Agriculture LUAS H. D. C.	1. S.A.
1	FRANK P. SMOOT MARY BOECHAM.	
	DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address all	ove
	es HE - 318-18-2023 Merry J. 1 moor	NTERVAL BETWEEN
	PART I DEATH WAS CALLED BY.	NSET AND DEATH
	420,0 DUE TO	-
	inditions, if any, which (b) arleriosclarofic heart disease	
	use (a), stating the under- ng cause last. DUE TO	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o	19. WAS ALTOPSY PERFORMED?
	Dept 15-59 - Carouary in jaroha with occlusion	YES X NO
	ACCIDENT WAS UNDERLYING [] 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CONTRIBUTING [] CAUSE OF DEATH ITHER, NOTIFY MEDICAL EXAMINER;	
	TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a.m. While Not while Not while State of the bldg., etc.) (City ar tawn)	nty) (State)
	p. m. 19 at wark at wark	
	I certify that I attended the deceased from $9 - 15$, 1959, to $12 - 31$, 1959 that I last size an $12 - 31$, 1959, and that death accurred at $9 - 31$, from the causes and an the deceased from $9 - 15$, and that death accurred at $9 - 15$, from the causes and an the deceased from $9 - 15$, and that death accurred at $9 - 15$, from the causes and an the deceased from $9 - 15$, and that death accurred at $9 - 15$, from the causes and an the deceased from $9 - 15$, and that death accurred at $9 - 15$, from the causes and an the deceased from $9 - 15$, and that death accurred at $9 - 15$, from the causes and an the deceased from $9 - 15$, and that death accurred at $9 - 15$, from the causes and an the deceased from $9 - 15$, and $9 - 15$	aw the deceased
	ADDRESS (Street, city or town, state)	DATE SIGNED
1	MATURE James & Notau Mo. Stor Western from W	5
	SICIAN'S JAMES E. NOLAN Washington D.S.	<u> </u>
	11AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) OVAL (Specify) 45/60 21: 45-30 CREMATORY 22d LOCATION (City town, or county)	(State)
	ERAL DIRECTOR'S SIGNATURE ADDRESS IN Registrar 24b. REGISTRAR'S SIGNA ADDRESS IN Registrar 24b. REGISTRAR'S SIGNA ADDRESS IN Registrar 24b. REGISTRAR'S SIGNA ADDRESS IN REGISTRAR'S S	
	lley's Funeral Home md, John 5 60 a round 8. the	mý
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13983 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) p. COUNTY b. COUNTY MARYLAND Montgomerv Hew York b CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) days Long Island d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda 1/1. 1832 Longfellow Street YES NO T NAME OF Middle 4. DATE Year DECEASED Janet (Type or print) Marv Spinrad 1959 DEATH December 6. COLOR OR RACE 7 MARRIED THE NEVER MARRIED 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Months Female White September 16. 1912 WIDOWED [7] DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Printing Minnesota II. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending physician Ralph E. Cole Frances Walker 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANTThe Medical Record Yes, no. or unknown) hascertainableThe Clinical Genter, Bethesda ll. 22 110 Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) respiratory failure minutes tracheobronchitis with mucous obstruction DUE TO and bilateral pleural effusion months Conditions, if ony, which gave rise to immediate DUE TO cause (a), staling the undermetastatic carcinoma from the left breast months lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES TE NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY IHome, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour a.m. factory, street, office bldg., etc.) Not while of work of work 21. I certify that I attended the deceased fram. October 13., 1959, to December 27, 1959, that I last saw the deceased 1959___, and that death accurred at 2 • 15P_M, from the causes and an the date stated above. C10 ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE 9 M.D. The Clinical Center December 28, 1959 National Institutes of Health PHYSICIAN'S NAME (Type) RICHARD C. MECHANIC. M. D. Bothesda 14 Maryland 220-BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d DOCATION (City, Jown, or county) page REMOMENT (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D'BY REGISTRAR VS A15 (4) Bethesda Maryland 15M 10/57



CERTIFICATE OF DEATH 12004

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다음 TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4	may be recently by the hospital ar attending physic an.	age 3 should be detached far use as the burial-transit permit. Then please remave carbon pape the registror priar to burial, crematian, or remaval, and in any event within 72 hours offer death.

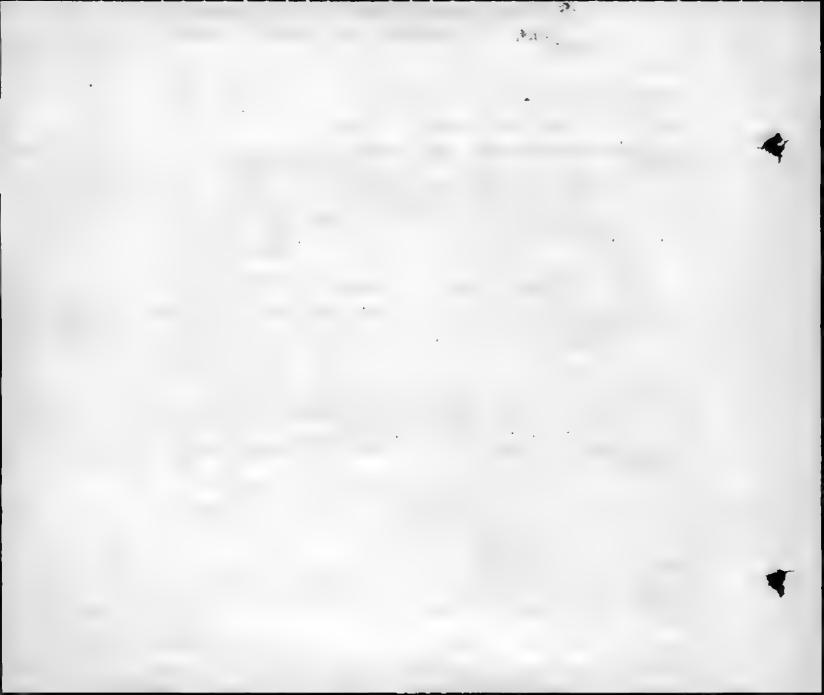
70004			Reg. Dist. N	No.
1. PLACE OF DEATH		2, USUAL RESIDENCE (Where de	ceased lived. If institution: Residence be	efore admission)
o. COUNTY Montgomery	MARYLAND	o. STATE Maryland	b. COUNTY Anne Ar	rundel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and give	nearest fown)
Bethesda	34 days	Gambrills,	0 ×	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
The Clinical Center, Bet	hesda 14, Md.	Вох 368		YES NO
3. NAME OF First DECEASED	Middle	Last 4. D	£	Day Year
(Type or print) George	William	Sterling b	eath December 3	19 59
5 SEX 6. COLOR OR RACE 7 MARR	IED 🔯 NEVER MARRIED 🔲	8 DATE OF BIRTH		AR IF UNDER 24 HRS
Male White WIDOWE		May 22, 1896	63 yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b, during most of working life, even if retired)				OF WHAT COUNTRY?
Machinist	Machinery	Indiana	T T	J. S. A.
18. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
George W. Sterling		Clara Lott		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT The Medica		
no 57	8-09-9303 Th	ne Clinical Cente	er, Bethesda 14, Ma	aryland
18. CAUSE OF DEATH Enter only one couse per lin	ne for (o), (b), and (c).]		11	NTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY: Hem	orrhagic Pneur	monitis. Right La	ing, secondary to	1 Week
204, 3 DUE TO			Monilia.	
	te Myelogenous	: Leukemia.		2 Months
gove rise to immediate	00 12 0 20 20 20 20 10 00	, 2002-1011124		
couse (a), stating the under-			4	
	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(o	19. WAS AUTOPSY
PART II OTHER SIGNIFICANT CONDITIONS CONDITI				PERFORMED? YES NO T
200 ACCIDENT WAS UNDERLYING 20b. DESC	CRISE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I o	or Port II of item 18)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
ZOC. TIME OF INJURY Month, Doy, Year 20d, IN	UURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f.	. (City or town) (Count	ty) (Stote)
20c. TIME OF INJURY Month, Doy, Yeor 20d. IN While p. m. 19 of work	Not while fo	ctory, street, office bldg., etc.)		
21. I certify that I attended the decease		107 10EO 1 Doggar	hom 21 10 0 4	
alive an December 31 , 19	27, and that death		rom the causes and an the do	te stated abave DATE SIGNED
SIGNATURE Sandas. Fai	((,,			/60
SIGNATURE PTOLO (OL S). FOL	. (W -	M.D. The Clinical	4	700
PHYSICIAN'S HAROLD J. FALLO	N, M.D.	Rethesda 11:	stitutes of Health	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		LOCATION (City, town, or county)	(Stote)
REMOVAL (Specify) Burial Jan./. 1960				
23. FUNEFAL DIRECTOR'S SIGNATURE	Hillcrest Ce	24g, REC'D BY R	Annapolis Maryla	nd Ture
The things of	7. 20	DATE JAN 5	160 Cuthun 8 4	



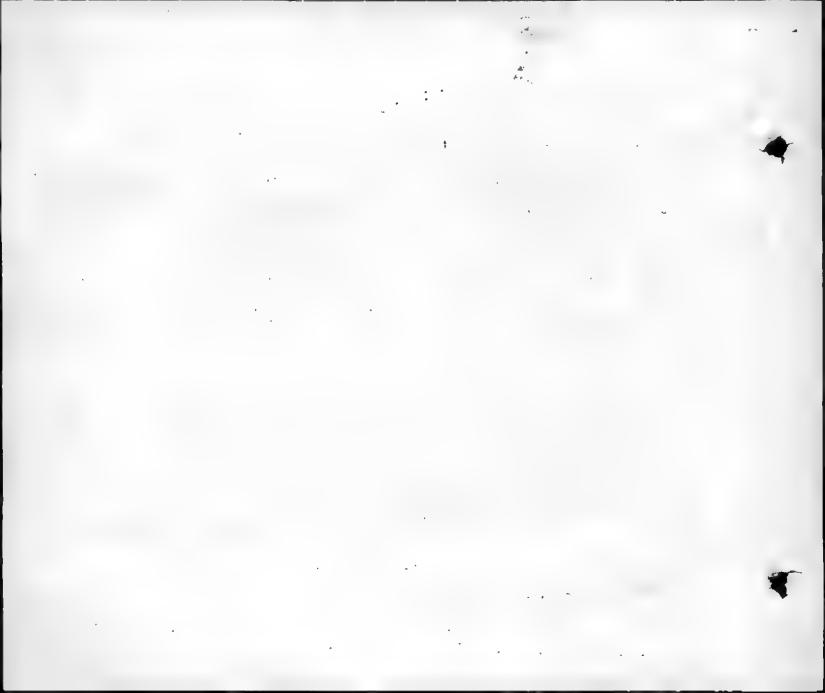
5M 9/55

	TATE DEPARTME L EXAMINER'S				Reg. Dist. No	13(
tgomery	MARYLAND	2. USUAL RESIDEN 6. STATE MAIN		ed lived. If institut b. COUNTY		
outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16			porate limits, write		
da	DOA	X G	aithers b	urg		
L OR INSTITUTION (If not in hosp	oital, give street address)	d. STREET ADDR	ESS			e, IS RES
n Hospital		212 B	rooks Av	8		YES 🔲
First	Middle	Lost	4. DATE	Month	Day	Ye
Arnold Raymo	nd Stull		OF DEATH	12/2	1/59	19
6. COLOR OR RACE 7- MARRIE	D NEVER MARRIED 8.	DATE OF BIRTH		9. AGE (In years	IF UNDER TYEAR	IF UNDER
THE MIDOWIED		r lar la	007	lest birthday)	Months Days	Hours

Мо	ntgomery			MARYLAND	a. STATE	aryla	nd	b. COUNT	Mo	ntg.		
	autside corporate limits, writ	e RURAL	c. LENGTH OF	STAY IN 16				porate limits, write	RURAL one	give ne	arest la	wn)
Bethe			DOA		X	Gait	hersb	יפירוו				
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in hosp	oital, give street	address)	d. STREET			WA ES			a, 15 R	ESIDENCE
Suburb	an Hospita	1.			212	Broo	ks Av	0				A FARM?
3. NAME OF	Fiz		Mid	dle	Los		4. DATE	Mont	h	Day		ear
(Type or print)	Arnold	Raymo	_	Stull			OF DEATH	,	21/59	00,		9
5. SEX	6. COLOR OR RACE				DATE OF MIRTI	H		9. AGE (In years	IF UNDER	TYEAR		ER 24 HRS.
M	W	WIDOWED		RCED 🗇		/1901		lest birthday) 58 yrs.	Months	Days	Hours	Min.
100 USUAL OCCUPATION	ON (Give kind of week						ar fareign c	7	12. (17)	ZEN OF	TAHW	COUNTRY
during most of working Truck dr	ig life, even it refired)						- •	,,,	1			COOTTINIT
13. FATHER'S NAME	TAGE				14. MOTHER'S	aryla				USA	1	
	- 04 33											
Ulysse		neres I	A CALL AS COLORS	4 NO 118 H		J. K	aiser					
	(If yes, give war or dates of	service)	SOCIAL SECURIT		IFORMANT			Address				
No.					ry Stul	1 (wi	fe)	Item 2	2			
	TH [Enter only one con	se per line f	ar (a), (b), and (c).]						INTERV	AND DE	EEN ATH
	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	C	oronary	occlus	ion					S	udd	en
420.1	DUE TO											
Canditions, if a												
gave rise to immed (a), stating the												
couse last.) (c)											
PART III, OTH	IER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO	DEATH BUT N	OT RELATED TO	THE TERMIN	NALDISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 19.		
TY.	Histor	v if p	revious	corona	rv dese	ase				Y	ES 🗍	RMED?
PART II, OTH	JSE WAS 20		HOW INJURY O				I or Port II	of item 18.)				r-ary
		loot :					,					
20c. TIME OF INJUI	RY Month, Day, Yei		NJURY OCCURRE Nat while t at work		CE OF INJURY (I	Hame, farm, bldg., etc.)	20f. (City	ar tawn)	(Cox	uniy)		(State)
	not 1 taak charge				ve held on	Autonsy	, 1	nspection X,	Inquir	TSI	and i	find that
	from: Noturol							ndetermined o			una	inia illai
0	1 - 1	γ $$					_		_			
ACTUAL SIGNATURE	and Vis	2000	hail	/	M.D. CHIEF A	AEDICAL EXA	AMINER 🖂				DATE S	IGNED
NONATOR CZZ	1				_m.v.	NT MEDICA	_	rП				
EXAMINER'S NAME (Type)	Frank J,	Brasc	hart			MEDICAL E		_	2/21/5	9		
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 225. DATE THEREC)F	22c. NAME OF C	EMETERY OR	CREMATORY		22d. LOCA	TION (City, town,	or county)		(State	2)
Burial	79-07	F-1(-)	150168	at. C.			, di	althors	bur,	•	•	
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS T	, S.	1 Ane	24a. REC'D	BY REGIST	RAR 24b. REGI	STRAR'S SIC	SNATURE	E	
7 X X	atri		3 1/4 1-4	y comme	0.00	DATE DE	0221	89 0	Thur 8	floor	A	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13985

CERTIFICATE OF DEATH

Reg.	Dist.	No.	1	ð	1

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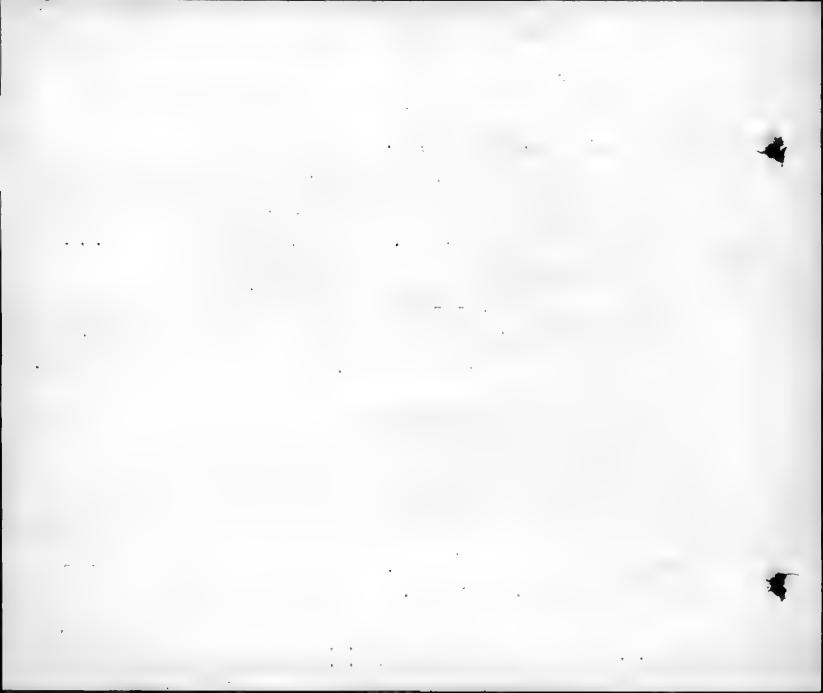
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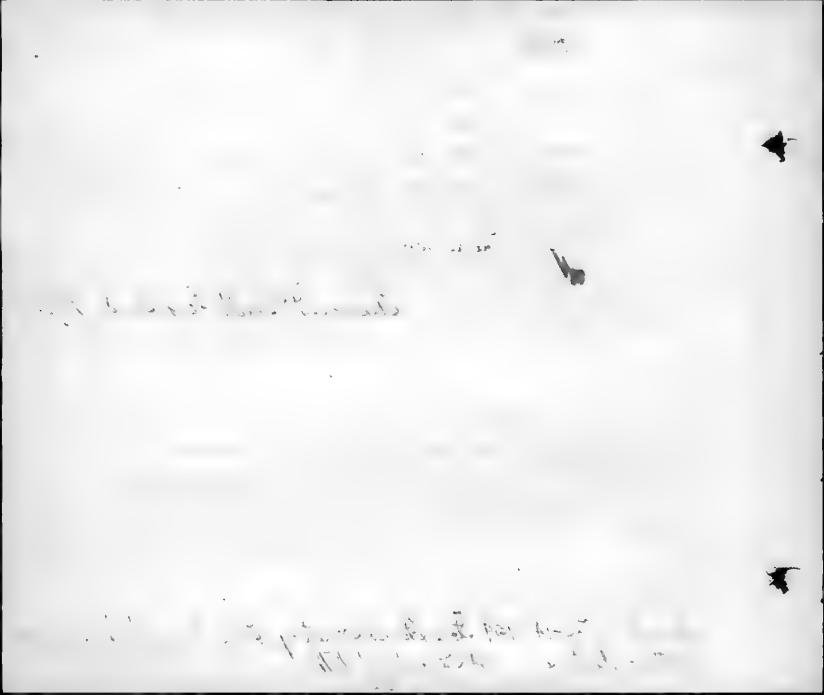
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be the haspital or attending physician.

TO FUNERAL HEECTOR: After this certificate has been signed by the attending physician and completely filled they the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/58

	Montgomery	MARYLAND	a. STATE Maryla	ere deceased lived. If institution b. COUNTY		efare admission)		
	b. CITY OR TOWN (If outside carporate limits, wr	ite c LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limits, write R	URAL and give	nearest town)		
	RURAL and give nearest town) Bethesda	20 days	C' Silver	r Spring				
	d. NAME OF HOSPITAL (If not in haspital, give st OR INSTITUTION	reet address)	d STREET ADDRESS	-		e. IS RESIDENCE		
1	The Clinical Center, Bo	ethesda 14. Md.	11515 Kent	/ 11515 Kenton Drive				
	3 NAME OF First	Middle	Lost	4. DATE Man		Day Year		
	(Type or print) Orville	Franklin	Taylor	OF DEATH Decembe	r 1	3 1959		
	S. SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years		AR IF UNDER 24 HRS.		
		OWED DIVORCED	26 April 19	21. last birthday)	Months Day	rs Hours Min.		
	10a USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	106 KIND OF BUSINESS OR INDI		or fareign country)	12 CITIZEN	OF WHAT COUNTRY?		
J	Pepairman	Telephone Co.	elephone Co. Virginia			S.A.		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
4	// George Taylor	r	Minnie T	rader				
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) [If yes, give war or dates of service)	16. SOCIAL SECURITY NO		dical RecordAdd	ress			
1	No No	330-05-5948 1	he Clinical Co			arvland		
	18. CAUSE OF DEATH [Enter only one cause p				111	NTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: Cardiorespiratory Failure							
ı	163X DUE TO	DIGITEDIAL COOK (d)						
1	Canditions, if ony, which) (b)		18 Months					
	gave rise to immediate Cause (o), stating the <u>under-</u>							
	lying cause last. (c)							
1	PART II. OTHER SIGNIFICANT CONDITIO							
	CAT					YES NO		
1	PART II. OTHER SIGNIFICANT CONDITION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in f	art I or Port II of stem 18.)				
1								
1	Ö Haur a.m. W	0d. INJURY OCCURRED 20e. P /hile Nat while	LACE OF !NJURY (Hame, form actary, street, office bldg., etc.	; 20f. (City or town)	{Caun	ity) (State)		
١		wark at wark						
	21. I certify that I attended the dec							
	alive an December 13	12.59, and that deat	h accurred at 10:25	M, fram the causes an	d on the de	ate stated above.		
	60.00	= 111.	Q .	ADDRESS (Street, city or town,	state)	DATE SIGNED		
1	SIGNATURE CONTROL SIGNATURE	1 - War		cal Center		2-13-59		
1	PHYSICIAN'S GUADERGE TO	MEDICAL TO O		Institutes of	Health			
	NAME (Type) UTALLLES E. 1	MENGEL, M.D.	Bethe sda	ll, laryland				
	220. BURIAL, CREMAT ON, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY		22d. LOCATION (City, town, o	* *	(State)		
	burial 14/10/59	Parklawn Ce		Montgomery (
	23. FUNERAL DIRECTOR'S SIGNATURE The S.H. Hines Co.	2901中理學th St.						
ŀ	The S.H. Hines Co.	Washington O	TO C DATES E	1 6 250 100	Adanth Day Year 13 1959 Tas IF UNDER 1 YEAR IF UNDER 24 HRS. Adanth Day Hours Months 12 CITIZEN OF WHAT COUNTRY? U.S.A. Address			



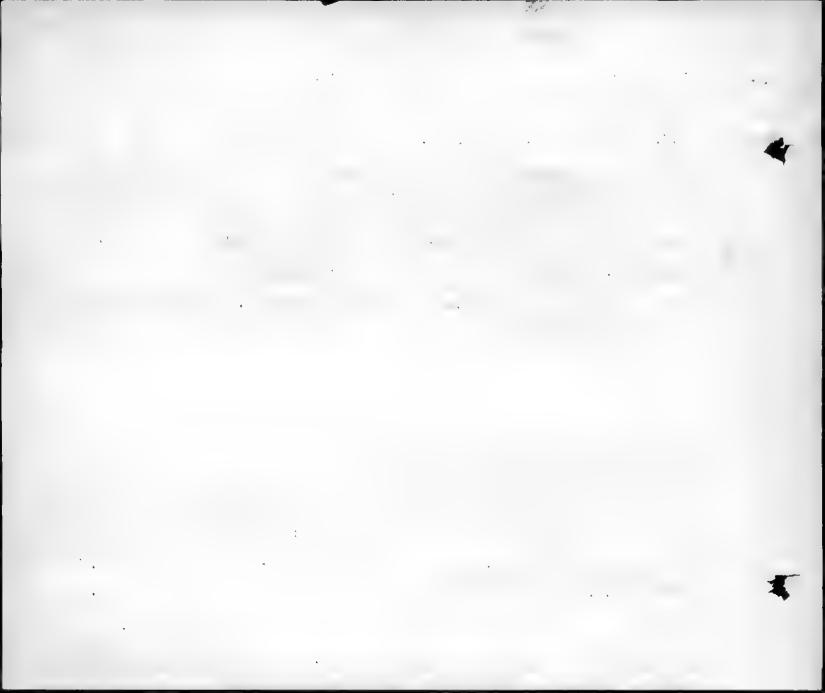


ARYLAND	STATE	DEPARTMENT	OF H	EALTH—I	BALTIMORE,	18

13987 CERTIFICATE OF DEATH

Reg. Dist. No. 215958

I,	o. county Montgomery	MARYLAN	2. USUAL RESIDENCE (Where deceased lived of institution: Residence before or STATE b. COUNTY WARYLAND VIRGINIA						Imission)
-	b. CITY OR TOWN (If outside corporate limits RURAL and give negrest town)	s, write c. LENGTH OF STAY IN 1	lb	c CITY OR TOWN (If ou	stside corpo	rate limits, write R	URAL ond gi	ve nearest	town)
ı	Bethesda (Rural)	37 days		Fort Monroe					
-	d NAME OF HOSPITAL (If not in hospital), give street address) OR INSTITUTION d. ST							e. IS	RESIDENCE ON A FARM?
	U.S. Naval Hospital,	Bethesda Md.	nesda Md. 311 B		enwick Road			YES NO 2	
3	NAME OF First	at Middle		Lost 4. DATE		Mon	Month		Year
	(Type or print) Edward	D	TH	IEBAUD	OF DEATH	Dece	mber	20	1959
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED			8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UN					
ı	Male White	lost birindoy) Mont					Months [Days Ho	urs Min
1	On USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	lone 10b KIND OF BUSINESS OR IN	IDUSTR'	11. BIRTHPLACE (Stote of	or foreign c	ountry)	12.CITIZ	EN OF WH	AT COUNTRY?
	None	None	Germany				U.S.		
Ī	3. FATHER'S NAME		T	4. MOTHER'S MAIDEN NA	AME				
	Charles J. THIEBAUD		1	Herta WARTG	EG				
1	5. WAS DECEASED EVER IN U. S. ARMED FORC	CES? 16. SOCIAL SECURITY NO.	INFO	RMANT		Add	ress		
Г	NO	None	(Fa	ther) Charle	s J.	Thiebaud	Same	as #2	
F	18. CAUSE OF DEATH [Enter only one cou		-					INTERVA	L BETWEEN
ı	PART I. DEATH WAS CAUSED BY	NEUROBL	17-9	STOMA				ONSET A	AND DEATH
П	19 DUE TO	1.2 4							
ı	Fonditions if any which)	. 7							
ı	gove rise to immediate								
ı	couse (o), storing the under-								
1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS ALTOPSY								
	PERFORMED? YES IXI NO []								
	20g. ACCIDENT WAS UNDERLYING	206. DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in Po	ort I or Par	t II of item 18 }]	<u> </u>
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
1	20c. TIME OF INJURY Month, Doy, Year	r 20d INJURY OCCURRED 20e.		OF INJURY (Home, form,		or town)	(Co	ounty)	(Stote)
Į,	20c. TIME OF INJURY Month, Doy, Year Hour o.m. 19	While Not while of work of work	factor	y, street, office bldg., etc.)					
'									
		21. I certify that I attended the deceased from 13 November, 1959, to 20 December 1959, that I last saw the deceased							
	alive an 20 December , 19 59 , and that death accurred at 11: 40RM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED								
	ACTUAL Tradill	1630660				,	,		- '
	SIGNATURE JULIU CC	guico	M.E	U.S. Naval	Toshi	De l	nesua	Mu.	-6-61-27
	PHYSICIAN'S F.W. GRELLO	LT MC USN		U.S. Naval	Hospi	tal, Bet	hesda	Md.	
2	20. BURIAL, CREMATION, 22b. DATE THEREOI				22d. LOCA	TION (City, Iown,	or county)		(Stote)
	BUTTEL /2-24-5	? National Ha	ampt	on Cemetery	I	Hampton	Va.		
2	3. FUNERAL DIRECTOR'S STEMATURE	ADDRESS		24a. REC'D			STRAR'S SIGI	NATURE	
	R. Hayden Smith 245	Armistead Ave. Ha	ampt	on Va. DATE D	EC 28	'59 C	Inthun S.	700000	





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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attending death

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certificate



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13990 **CERTIFICATE OF DEATH**

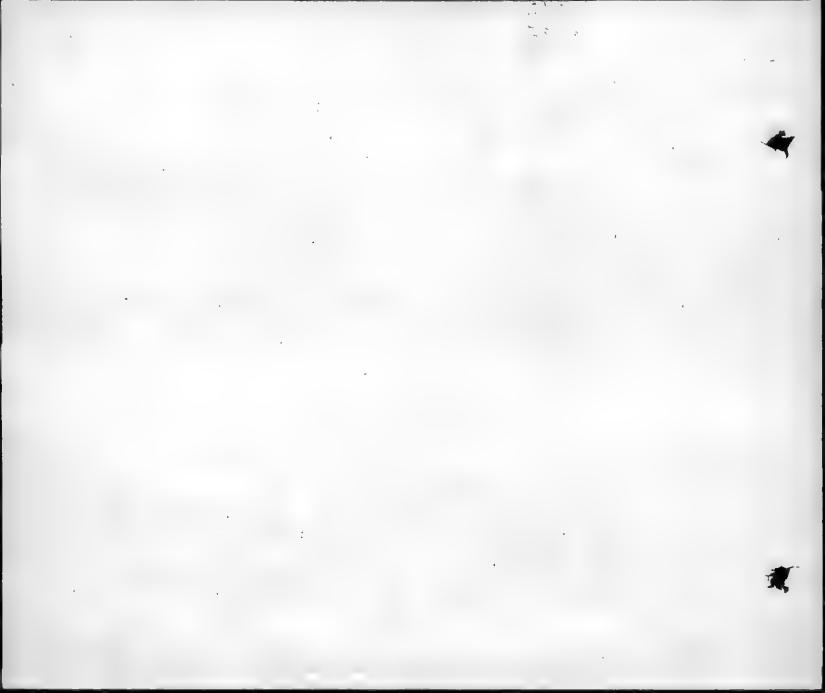
	~0001	<u> </u>							ceg. Dist. N	0	/
1.	PLACE OF DEATH q, COUNTY			2.	USUAL RESID	ENCE (WI	sere deceased lived.		Residence be	fare admis	sian)
	Montgomery		MARYLA	ND		rgi	nia	, COUNTY			1
	b. CITY OR TOWN (If autside carporate limit RURAL and give nearest town)	s, write	ELENGTH OF STAY IN	16	c. CITY OR T	OWN (If o	iutside corporate lim	nits, write RUR	AL and give n	earest taw	n)
	Bethesda (Rural)		17 days		Vie	enna		8. 1			
	d NAME OF HOSPITAL (If not in hospital, gi	ve street			d. STREET A					e IS RES	SIDENCE VFARM?
L	U.S. Naval Hospital	NI	VMC		RT#3	Box	490			YES A	VFARM?
3.	NAME OF Firs DECEASED (Type ar print) Rose	t	Yeary	THO	los MPSON		4. DATE OF DEATH	Manih Decembe		Day	Year 1959
S	SEX 6 COLOR OR RACE	7 MARE	HED NEVER MARRIED	☐ B. D.	ATE OF BIRTH	1	9. AG		UNDER 1 YEA	-+	_
	Female White	WIDOWI	DIVORCED [7	30 82		lass	birthdoy) / / yrs.	Agnths Doys	Haurs	Min
100	S. USUAL OCCUPATION (Give kind of work d during most of working life, even if retired) Housewife	ane 10b.	KIND OF BUSINESS OR I	NDUSTRY		ACE (State	or foreign country)		12.CITIZEN		OUNTRY
13.	FATHER'S NAME			14	. MOTHER'S	MAIDEN	NAME				
	Thomas Yeary				Alice	≥ CRA	BTREE				
	WAS DECEASED EVER IN U. S. ARMED FORCES, no. or unknown) (If yes, give war ar dates of se		SOCIAL SECURITY NO	INFO	RMANT	obert	THOMPSON	Address	me as 7	#2	
FICATION	IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which gove rise to immediate couse (a), stoting the under lying cause lost. PART II. OTHER SIGNIFICANT CONE	PITIONS (CONTRIBUTING TO DEATH	_					IN PART I(a)	PERFO	AUTOPSY ORMED?
CAL CERT	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Yea			e. PLACE	OF INJURY (I	lame, form), 20f. (City ar law		{Count	v)	(State
MEDICAL	Hour a.m. 19	While at war	Not while	factory,	street, affice	bldg., etc	.)		,		
	21. I certify that I attended the alive on 12 December ACTUAL SIGNATURE B.C. Johnson	7. 1959 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2		eath oc	curred at	+:55A	2 Decembe M, from the co ADDRESS (Street, ci	auses and by ar lawn, sta	on the da	te stated	
	BURIAL CREMATION, 226 DATE THEREO BURIAL (Specify)	59		RY OR CR			Vienna,	Vir	ginia	(Stol	(e)
23	Tyson Wheeler Funera	1 Ho	ADDRESS me Rockvill	le, M	d.		D BY REGISTRAR		RAR'S SIGNAT	-	

the funeral director, should be filed with after death. Page 4 M should

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hams may be retained by the hospital or attending physician.

TO FUNERALE RECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shaule be detached for use as the bunol-transit permit. Then please remove carbon popers. Pages 1 and if the registrar plan is to burial, crematian, ar removal, and in any event within 72 thats after death.

VS A1S (4) 1SM 9/58



Reg. Dist. No.

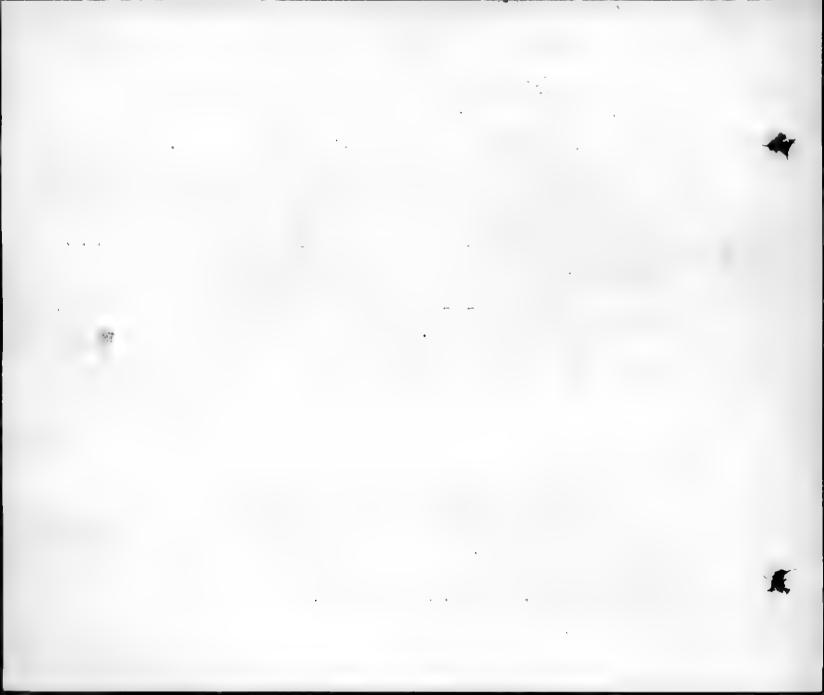
1. PLACE OF DEATH o. COUNTY			MARY	- 11	o STATE			lived If institute		te before ad	lmission)
	tgomery If outside corporate lim	ite weite	c. LENGTH OF STAY				of Col				1
RURAL and give n	earest town)	iis, wiite		IN IB				rate limits, write F		ive nearest	lown)
Betlesda			41 days		d. STREET A	ingto	<u>n</u>	4/	YA I	1 1	A-501-0-51-1-55
	TAL (If not in hospital, cal_Center.			[d.	_		th Str	eet. S.E	3	0	RESIDENCE N A FARM?
3. NAME OF	Fi	ret DO OL	Middle	****	Las		4. DATE	Mor		Day	Year
DECEASED (Type or print)	Freder		(None)		Trossb		OF DEATH	Decembe	er 2	4	19 59
S SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D 🔀 B.	DATE OF BIRTI	4		9 AGE (In years last birthday)	IF UNDER	1 YEAR IF U	NDER 24 HR
Male	White	WIDOWE	DIVORCE		July :	1890	ĺ	69 yrs.		Days Ho	urs Min
10d. USUAL OCCUPATI during most of wor	ON (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUSTR	Y 11, BIRTHPL	ACE (Stote	ar foreign co	ountry)	12. CITIZ	ZEN OF WH	AT COUNTRY
Farmer	ang me, even n remed	"	Farm			aryla				U.S.A	
13. FATHER'S NAME					14. MOTHER'S						
Phillip	Trossbach				Lucy	Rome	ise				
15. WAS DECEASED EV	R IN U. S ARMED FOR	CES? 16.	SOCIAL SECURITY NO	INF				lecord Add	ress		
(Yes. no, or unknown)	(If yes, give wor or dates of		18-14-3427					<u>Retherda</u>		Marrell s	ind
	ATH Enter only one co				V 1 1 1 1	41 00	11001 9	I'C UIICE CC			L BETWEEN
	ATH WAS CAUSED BY:			,	Infono	tion				ONSET A	ND DEATH
. 4-	DUE TO		orbre i mriid	MICH. A	milarc	OTOH				73_da	ıys
154X		ă auda	owioles New	haaaa	-7						
Conditions, if a	mmediate (<u>eriolar Ner</u>	onrose	rerosi	5				? yea	irs
couse (a), stating lying couse lost,				1 5	,						
			cinoma of t			THE YEBAN	NIAL DICEACE	CONDITION OF	ICh. IN DART	12. yea	
9	HER SIGNIFICANT CON										KIOKINEDI
Metastati	c Carcinoma	a in	Laver, Myoc	ardi	al Hype	rtrop	hy. At	herosclo	rosis	YES	M NO [
Metastati Metastati OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	TRIBE HOW INJURY OF	CUKKED.	(Enter noture of	t injury in t	fort I or Port	II of item IS j			
	RY Month, Doy, Ye			20e. PLAC	E OF INJURY (I	Home, form	, 20f. (City	or town)	(C	ounty)	(Stote
Hour o.m.	19	While of world	k ☐ of work ☐	rocto	y, street, office	blag., etc.) [
	nat I attended the			nhon "	12 10 EO	ta Do	aomhor	2), 10 E	What I lar		
	ember 24										
dilive dil		, (Z,		aeam a	ccorred al			rne causes ar reel, city or town,			DATE SIGNE
ACTUAL	(/Va	6	VOV. R		(T)]						25/59
SIGNATURE		,	REALIC	M.I				nter			-2127_
PHYSICIAN'S NAME (Type)	ALAN B	RET	IK, M.D.		Beth	onal esda	lnstit 14	utes of ryland	.ealt	n	
220 BUR AL, CREMATIC			22c. NAME OF CEME		REMATORY		22d. LOCAT	ION (City, town,		(Stote)
Burial Specify	12/28/	59	St. Mic	hael	S			Ridge,	Md.		
23. FUNERAL DIRECTOR			ADDRESS			24a, REC'I	D BY REGISTI	RAR 24b. REGI	STRAR'S SIG	NATURE	
P.B. Ro	binson -	Leon	ardtown.	Md.		DATE DE	C 3 0 '5	9 0	and S.	France	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 houry offer death. Page 4 by the haspital or attending physician.

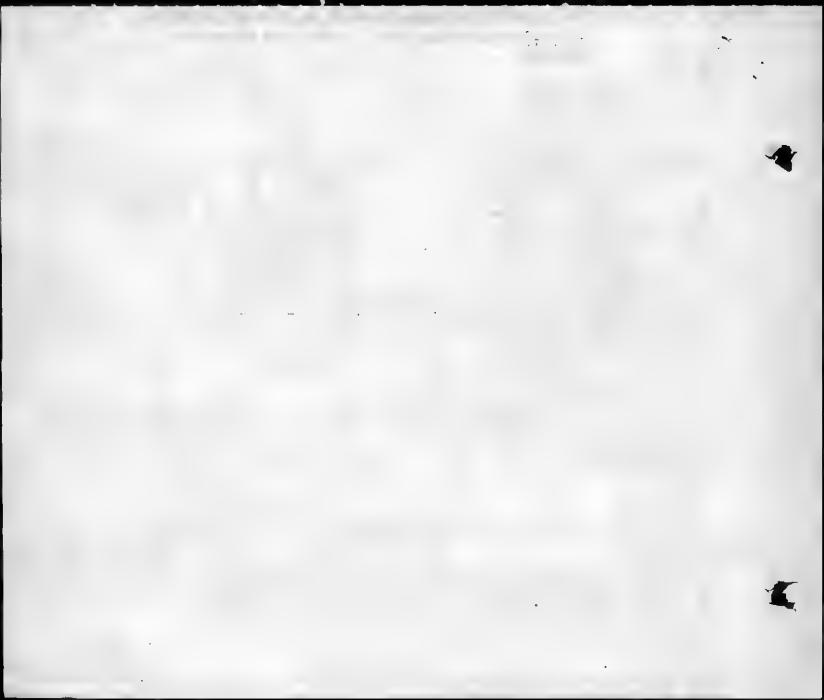
the funeral director, 2 should be filed-with

RECTOR: After this certificate has been signed by the attending physician and completely filled in be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to buriof, cremotion, or remaval, and in any event within 72 hours

page 3 shavid be detached far use as the buriof-transit permit. TO HOSPITAL TO FUNERAL VS A1S (4) 1SM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A1S (4) 1SM 9/S8

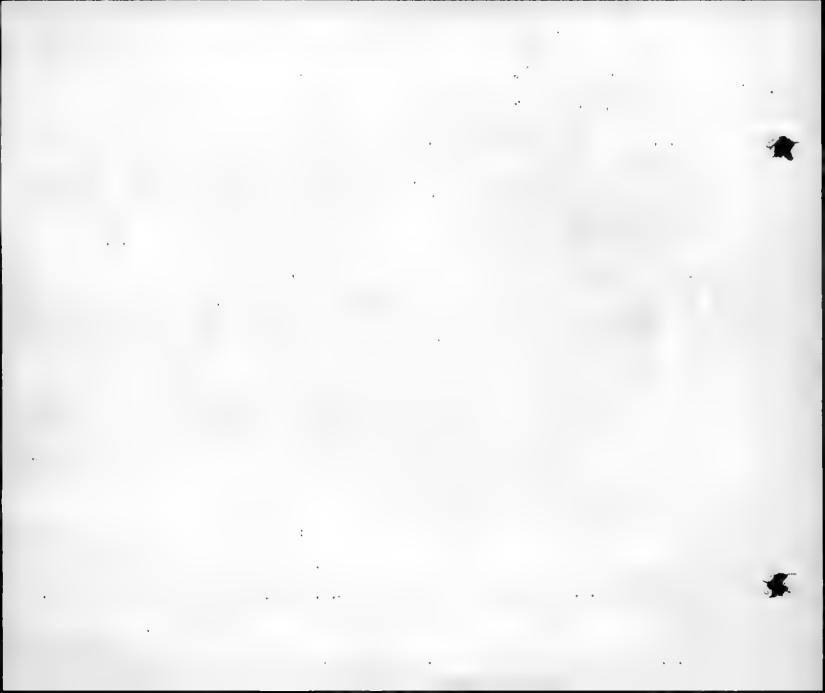
1	I		
	nding physician and completely filled in 👣 the funeral director.	irs. Poges I and 2 should be filed with	
	tely filled i	Poges 1 o	
	and comple	Son papers.	After dood
	physician	sose remove carbon papers.	nin 70 house ofte
	nding	Pose r	hin 7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

		13993	CERTIF	ICATE OF I	DEATH	·	Reg. Dist. No	13964
1	PLACE OF DEATH • COUNTY	lon of	MARYL	a STATE	DENCE (Where dec	eased lived (f institut b COUNTY		ore odmission)
	b. CITY OR TOWN RURAL and give r	(If outside corporate limits, wi nearest town)	rite c LENGTH OF STAY IN		TOWN (If outside of	orporate limits, write f SDUPS	RURAL and give ne	arest town)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital give s الله والله الله الله الله الله الله الله	reet oddress)	d STREET	ADDRESS Alker A	V.		ON A FARM?, YES NO 1
3.	NAME OF DECEASED (Type or print)	Marshall	Middle Furra	y Walk	OF		17	
S	SEX ™ale	72.27 .4 .1	MARRIED 1 NEVER MARRIED	_ A - 1. 7 A	H -1880	9 AGE (In years lost birthdoy) yrs	Mpnths Pays	Hours Min.
100	during most of wor	olympia tida array di matemati	10b. KIND OF BUSINESS OR		it! erst			F WHAT COUNTRY?
13	FATHER'S NAME	orge K. Wal	ker		MAIDEN NAME			
		ER IN U. S. ARMED FORCES? [If yes, give war or dates of service]		INFORMANT IIinnie	B. Wall		thershu	*
		immediate (b) (b) (b)	Hemorrh Hemorrh Hortor Hortor Hortor Hortor Hortor Hortor Hortor Hortor Hortor			ifoneo Iomin	d (2	ERVAL SETWEEN SET AND DEATH O WOW
CERTIFICATION	PART II OT	HER SIGNIFICANT CONDITIO	DNS <u>CONTRIBUT NG TO DEAT</u>	H BUT NOT RELATED TO	O THE TERMINAL DI	sease condit on GI	VEN IN PART 1(o,	19 WAS AUTOPSY PERFORMED? YES NO
	20g ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING A 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OC	CURRED (Enter nature	of injury in Port I o	r Port af item 18)		
MEDICAL	20c. TIME OF INJU Hour o. m. P. m	v	Od. INJURY OCCURRED While Nat while twark of wark	Oe PLACE OF INJURY factory, street, office		(City or town)	(County	(State
	21. I certify to alive an	rich Ach	ceased fram 195 1259, and that comments	death accurred at	2 a M, fr ADDRE	am the causes are significant for the same and significant for the same an	nd an the date , state)	w the deceased e stated above DATE SIGNED
22	BUR AL, CREMATION REMOVAL (SPECIF)	DN 226 DATE THEREOF 10-15-59	22c. NAME OF CEMET		1	OCATION (City, town,	**	(State)
23	FUNERAL DIRECTOR	R'S SIGNATURE	ADDRECE - 41	roburg,	240 REC'D BY RI	GISTRAR 24b REG	ISTRAR'S SIGNATU	







13996

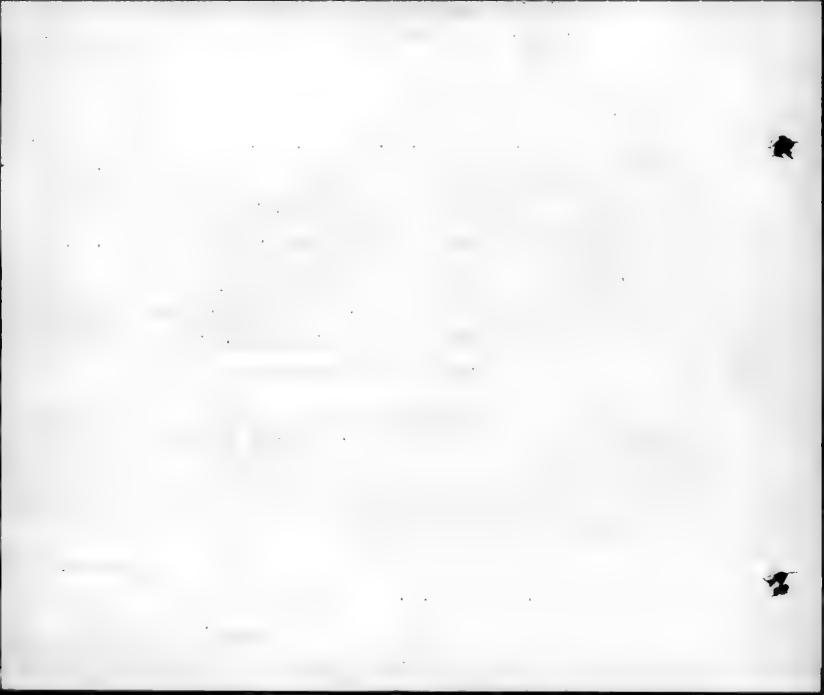
CERTIFICATE OF DEATH

Rea Dist No.

1	70350		0		Re	g. Dist. No.	
F	PLACE OF DEATH o. COUNTY	AA BAILALIB	2. USUAL RESIDENCE (W				
1_	Montgomery	MARYLAND	d. SIAIE Virgin	11.a	N.	ing Geo	
	 CITY OR TOWN (If outside corporate limits, wri RURAL and give neorest tawn) 		c. CITY OR TOWN (IF		nits, write RURAS	L and give near	rest town)
	Bethesda	39 days	King (leorge	2	-X -	
1	d. NAME OF HOSPITAL (If not in haspital, give str OR INSTITUTION		d. STREET ADDRESS			e	ON A FARM?
	The Clinical Center, I	Betnesda 14, Md.	Route	#2, Box 6	<u>აწ</u>		YES NO 🔀
3.	NAME OF DECEASED (Type or print) Henry	Middle George	Wegner	4. DATE OF DEATH De	Manth ecember	28	Year 1959
5.	SEX 6 COLOR OR RACE 7. N	ARRIED X NEVER MARRIED	B DATE OF BIRTH	9 AG			IF UNDER 24 HRS
	lale White Wide	OWED DIVORCED	11 January 1	.897	2 yrs Ma	anths Days	Haurs Min.
10	D. USUAL OCCUPATION (Give kind of work dane) during most af warking life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	e ar foreign country)	1	2. CITIZEN OF	WHAT COUNTRY?
11 -	Public works inspector	Government	Wiscons			U.S	3.A.
	FATHER'S NAME		14. MOTHER'S MAIDEN				
1	Paul L. Wegner		Matilda H	łoesky			
	WAS DECEASEDEVER IN U. S ARMED FORCES?	16 SOCIAL SECURITY NO.	NFORMANT The Med	lical Reco	ord Address		
Ĺ	Yes WW I	UNASCERTA INABLE				a lh. M	faryland
	18. CAUSE OF DEATH [Enter only one cause po		-			INTER	RVAL BETWEEN ET AND DEATH
П	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	thrombosis of	thoracic and	abdomina	l sorta	ONSE	EL AND DEATH
	451× DUE TO						
	Canditrans, if any, which) (b)	generalized se	evere arterio	sclerosia	3		
	gave rise to immediate DUE TO						
	lying couse last. (c)						
O Z	PART II. OTHER SIGNIF CANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CON	DITION GIVEN !	N PART 1(a) 19	WAS AUTOPSY PERFORMED?
S. I.	malignant lymphoma:	skin, lymph ne	odes, spleen,	kidney,	liver		YES 📆 NO 🗌
CERTIFICATION	20g ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II of	item 18.}		
MEDICAL		i for	ACE OF INJURY (Home, for ctary, street, affice bldg., et		wn)	(County)	(State)
WED		hile Not while work at wark	ciary, sireer, arrice diag., e.				
	21. I certify that I attended the dec	eased from November	19 . 19 59 . ta De	ecember 28	3 19 5 9tha	t I last saw	the deceased
		2.59, and that death					
	(1) 1011			ADDRESS (Street, c			DATE SIGNED
	ACTUAL VICLACIO	lichalure	Mp The Clini	ical Cente	er De	redman:	28, 1959
	*			Institute			بالربالينات وعطفان
	PHYSICIAN'S RICHARD C. ME	CHANIC, M. D.	_Rethesda_				
22	BURIAL, CREMATION 22b. DATE THEREOF	22¢ NAME OF CEMETERY C		22d LOCATION (iunty}	(State)
	REMOVAL (Specify) Burial 12/31/195	9 Oakland		Overn - ?	Va.		
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	24b. REGISTRA	R'S SIGNATUR	E
N	ash & Slaw by gunes	Ninde, Vi	rginia DATES	21 '59	Cathon	2 Kings	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be refer to by the haspital or attending physician.

TO FUNERA? ARECTOR: After this certificate has been signed by the ottending physician and completely filled in 27 the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/5B



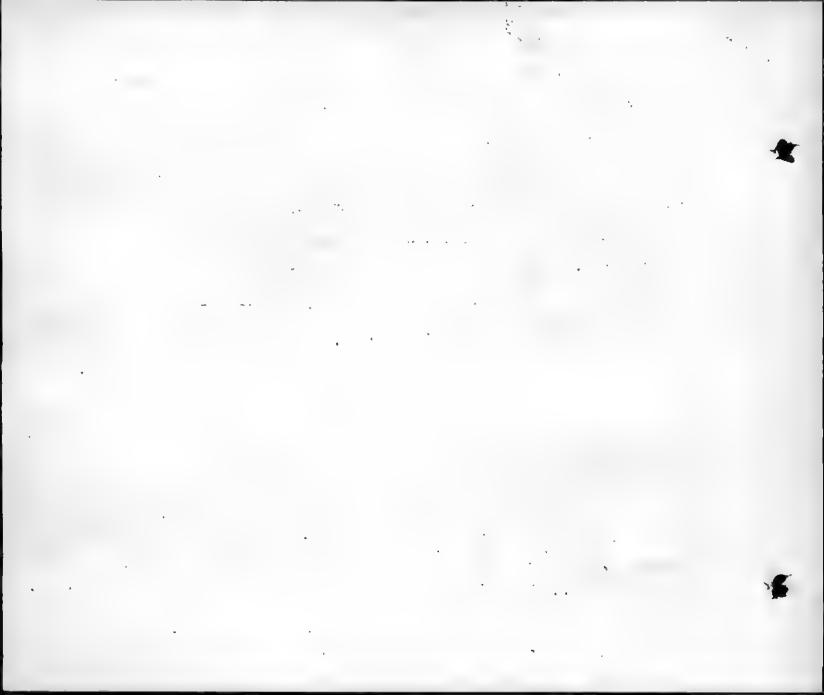
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

13997 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) **b.** COUNTY Montgomery b. COUNTY MARYLAND Maryland Montgomery b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) RURAL and give negrest lowed Bethesda 3 years Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION 1 Whittier Blvd. ON A FARM? 7611 Whittier Blvd. YES NO TH NAME OF Middle 4. DATE Manth Year DECEASED 30. Dec. 1959 IDA (Type or print) BELLE WELLS DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years White last birthday) Months: Female WIDOWED K DIVORCED | June 1872 87 6 yrs. 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired)
Housewife New York U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Storrin Charles Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address war or dates of service) No None Robert A. Wells-son-same as 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) I HROM BOSIS, LEFT 33 x x **DUE TO** ARTERIOSCLEROSIS Canditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause last. CERTIFICATION Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO TE 200. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, Doy. Year 20d. INJURY OCCURRED 20f. (City or town) (State) (County) factory, street, affice bldg., etc.) d. m Not while at work at wark 19 5 8 ta DEC. 30, 1959, that I last saw the deceased JUNE 21. I certify that I attended the deceased fram. and that death accurred at 3:15 M, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) 8218 Wisconsin Ave. ACTUAL SIGNATURE Bethesda, Maryland PHYSICIAN'S LEO M. CURTIS NAME (Type) 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) /60 Parklawn Cemeterv Buria Rockville Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Pumphrey Bethesda. arthur & House Maryland DATE

FUNER page 0 VS A15 (4) 15M 9/SB

co.



after death. Page

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 for

page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremation, or removal, and in any event within 72 hays-ofter death.

TO FUNER.

VS A15 (4) 15M 9/5B

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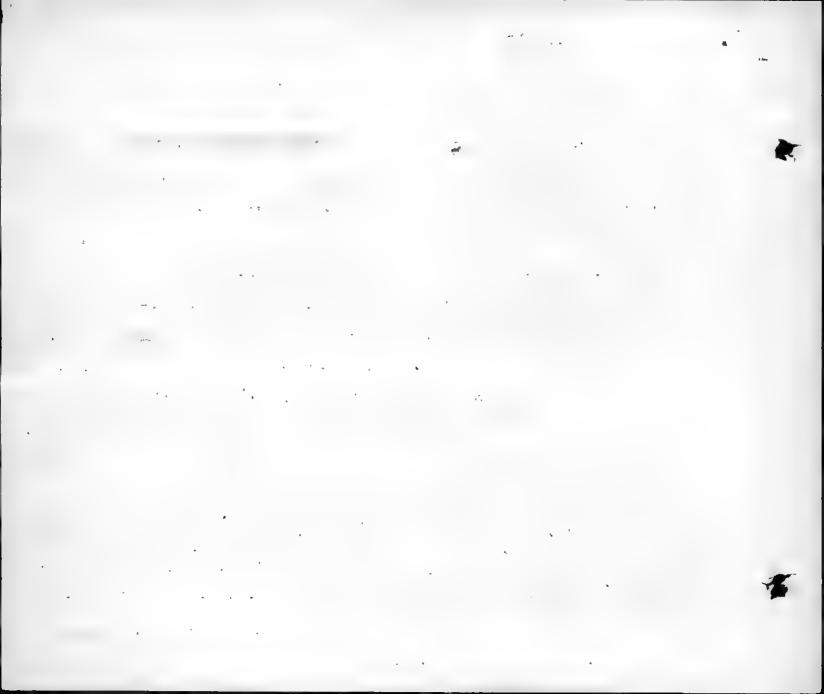
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13969

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CERTIFICATE OF DEATH

	138				Keg. D	131, 140.
1. PLACE OF DEATH			2. USUAL RESIDENCE (V		If institution: Resider	nce before admission)
Montgome	ry	MARYLAND	Mary	land		tgomery
b. CITY OR TOWN (If autside carporate RURAL and give nearest tawn)	limits, write c LEN	IGTH OF STAY IN 16	c. CITY OR TOWN (I	f autside carparate lim	nits, write RURAL and	give nearest tawn)
Kensington				sington		
d. NAME OF HOSPITAL (If not in hospite OR INSTITUTION			d STREET ADDRESS		_	e. IS RESIDENCE ON A FARM?
3113 Ferndale	Street		4218	Matthews	Lane	YES NO
3. NAME OF DECEASED	First	Middle	lost	4. DATE OF	Month	Day Year
(Type or print) Paul	ine	A V	Vighington	DEATH	Dec. 29	19 59
5. SEX 6. COLOR OR RA	CE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGI	E (In years IFUNDER birthday) Months	R 1 YEAR IF UNDER 24 HR: Days Haurs Min.
Female White		DIVORCED 🔲	Sept. 25,	1920 3	9 yrs. 3	4
10a USUAL OCCUPATION (Give kind of widdling most of working life, even if ret	ork done 10b KIND C	F BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	te or fareign cauntry)	12.CIT	IZEN OF WHAT COUNTRY
Housewife	Own	Home	Virgin	nia		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	INAME		
Paul V. Reard	on.		Minni	e I. Hil	1	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no, or unknown) (If yes, give war or dole		SECURITY NO.	INFORMANT		Address Sa	me as 2d
No	Unkn	own V:	ictor E. Wi	ghington	. JrHu	sband-
18. CAUSE OF DEATH [Enter only on	e cause per line far (c	a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED IMMEDIATE CAUS	BY: HE	PATIC	FAILUR	E		18 HRS.
10-	то				· -	
Canditions, if any, which)	(b) HE	PATIC	METASTA	SES		3405
gave rise to immediate DUI cause (a), stating the <u>under-</u>	то					0100
lying cause last.	(c) CARO	INOMA,	RIGHT AD	RENAL C	FLAND	9405
Z PART II OTHER SIGNIFICANT	CONDITIONS CONTRIE	BUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPS
<u> </u>						YES NO
PART II OTHER SIGNIFICANT (20b. DESCRIBE H	OW INJURY OCCURR	ED. (Enter nature of injury i	n Part I or Part II af i	tem 18.)	
OR CONTRIBUTING CAUSE OF DEA	ER)					
Z 20c TIME OF INJURY Month, Day,	Year 20d, INJURY		ACE OF INJURY (Hame, fo		/n) ((Caunty) (Stoke
20c TIME OF INJURY Manth, Day, Hour a.m., p. m.		al while	actory, street, affice bldg., a	STC.)		
21. I certify that I attended	the deceased fro	3/11	1 19 59 ta	12/29	105 9 that 1 1	ast saw the decease
alive on 12/29/	and the same of th	/	occurred at 7:5	NPA E sha	•	
dilve dil	~/ (1)	_, and that deal	occorred di_Z_Z_g		doses and on in	DATE SIGNE
ACTUAL (ATT)	21. 91	ohin	7720			12/14/5
MUNICIPAL XILITOR	11. Cur	1	м.D <i>Z</i>		14, MD	7-4-
PHYSICIAN'S John_H	. Tuohy	1	7720 Wi	sc. Ave.	Rethesd	a. Md.
22a. BURIAL, CREMAT ON, 22b. DATE THE		NAME OF CEMETERY O			City, tawn, or county)	
REMOVAL (Specify) 1/4/6		rlington	National	Arlingt	***	
23. FUNERAL DIRECTOR'S SIGNATURE		DDRESS			on Virg	
Robert A. Pump	hrev Bo	thesda N	arylandoate	* 100	Orthun S.	
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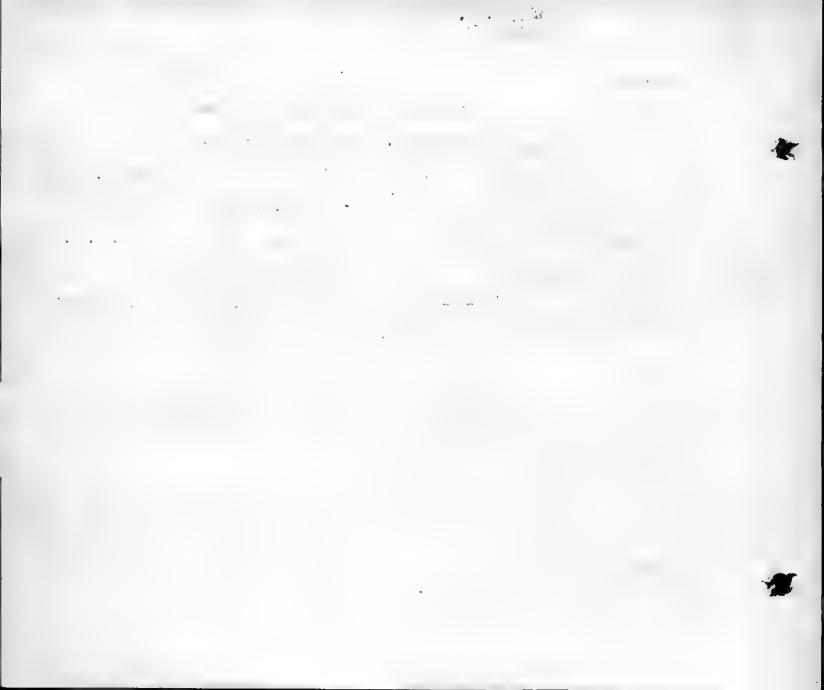
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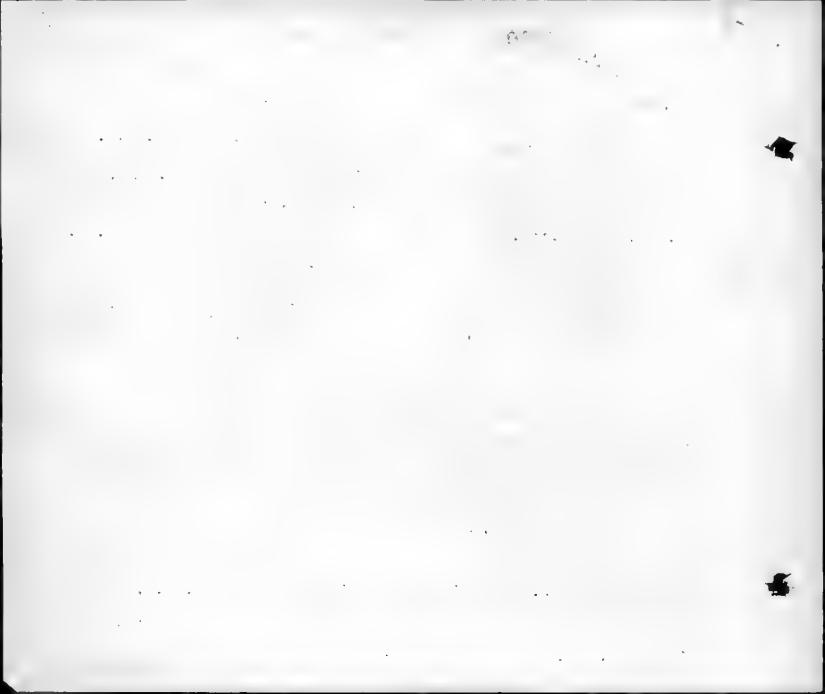
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14000 CERTIFICATE OF DEATH

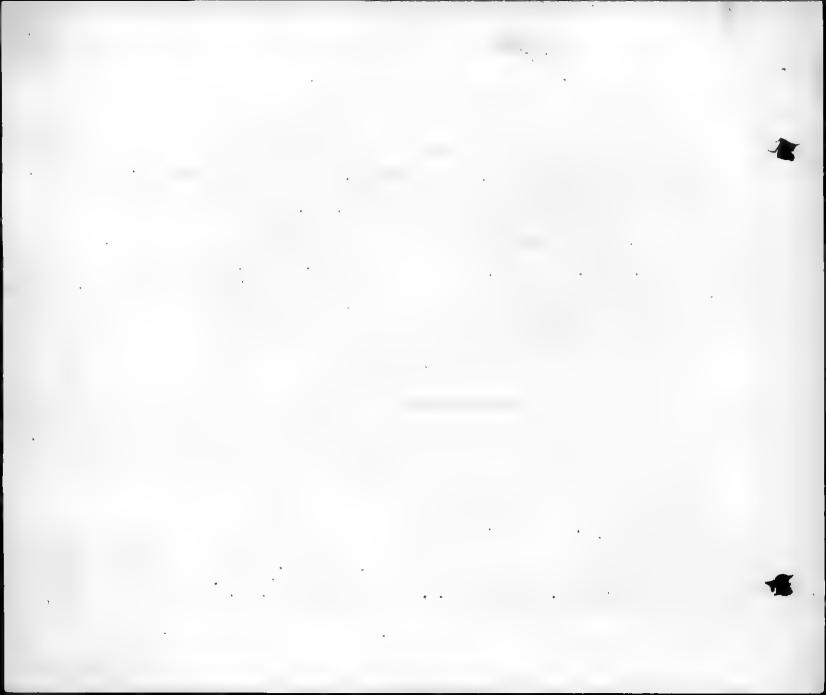
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Rea	Dist	No.	U	J	-	L

1 PLACE a. COU	of DEATH NTY Monte	gomery		MAR	YLAN D				ved. If institution		ce befare ad	lmissian)
b CITY RUR D	ethesa	utside carporate limi st tawn) iL	ts, write	c. LENGTH OF STAY	IN 16			ngton	e limits, write Ri	JRAL and	give nearest	lawn)
d NAA OR I	NSTITUTION	(If not in hospital, g		address)		d. STREET A		umberl	and St	.,N.	W. O	RESIDENCE N A FARM?
3. NAME DECEA: (Type of	SED	JOHN	st	FRANCIS		VILLIAM		4. DATE OF DEATH	Dec.	11	Day	Year 1959
s. sex Ma	le	color or RACE White	7 MARR	IED NEVER MARRI		B. DATE OF BIRT		1878 7.	AGE (In years last birthday)	IF UNDER Manths	1 YEAR IF U	NDER 24 HRS urs Min.
10a. USUA during Reg.	Office	(Give kind af wark in the life oven if settined YA ACII	dane 10b. GC	kind of Business covt- Reti		100	ACE (Stote	ar foreign coun	try)	12. CITI	ZEN OF WH	AT COUNTRY?
13. FATHE		Williams	3			14. MOTHER'S	_					
(Yes, no or		N U S. ARMED FOR es, give war or dates of s	ervice)	SOCIAL SECURITY NO		NFORMANT hn Will	So Liams		Addr Same	ess 2.8	Item	#2
Can gave cause lying	PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (of DUE TO which) (b	C &	le far (a), (b), and (c) excluse	è c	Throw at	nh	u Scl	eros	5		L BETWEEN ND DEATH
	CCIDENT WAS L	JNDERLYING [] CAUSE OF DEATH		CRIBE HOW INJURY C						EN IN PAR	PE	AS AUTOPSY REORMED?
₹ 20c. TI		DICAL EXAMINER) Manth, Day, Yes 19	While	JURY OCCURRED Not while of work	20e. PL	ACE OF INJURY (ctary, street, affice	Hame, farm bldg., etc	, 20f. (City or	town)	ęc	Caunty)	(State)
21. I	an netr	attended the	decease J. 12 L			20 , 194) accurred at	2501	M, from the ADDRESS (Street		d an the	date sta	
PHYSI	CIAN'S Wil	liam L.	H	OWELL		5401	Wes	tern A	ve. N.	W.	12/	12/59
BUIT	L, CREMATION,	12/15/5		22c NAME OF CEM Cedar		R CREMATORY 1 Cemet	ery	Suit1	and, I	i county) 1ary l	and (State)
	ert A.	GNATURE Pumphre	≥y E	ADDRESS Bethesda,	Ma	ryland	24a. REC'	D BY REGISTRA	R 24b. REGIS	TRAR'S SIG	GNATURE	
				14,40						1	s. / Craudi	



Reg. Dist. No.

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	PLACE OF DEATH	tgomery		MARY	'LAND	o. STATE	,		d lived. If institution b. COUNTY	No. of	e before ada	nitsion)
	b CITY OR TOWN (If o RERAL and give near Silver Spr	utside corporate limi	ts, write c.	LENGTH OF STAY	IN 1b	£. CITY O		outside corpo	Columbia, write R		ve nearest h	own)
	d. NAME OF HOSPITAL	(If nat in haspital, s				a. STREET	ADDRESS				e. i\$	RESIDENCE N A FARM?
	LeDeau gard	lens Nurs	ing Hon	te		4823	Earle	eston	Drive			□ NO X
	NAME OF DECEASED (Type or print)	WILLIAM	G.	Middle WO		NGTON	ast	4. DATE OF DEATH	Decembe		Day	Year 19 59
5.	SEX 6	COLOR OR RACE	7 MARRIED	X NEVER MARRI	ED 🔲 i	B. DATE OF BIE	TH		9. AGE (in years	IF UNDER 1		
	Male	White	WIDOWED	DIVORCE		Dec. 2	6, 18	380	78 pirthdoy)	Months 2	5 Hou	rs Min.
10c	. USUAL OCCUPATION during most of working	(Give kind of work	done 10b KIN	ID OF BUSINESS C	R INDUS	TRY 11. BIRTH	PLACE (State	or foreign c	ouniry)	12 CITIZ	EN OF WHA	T COUNTRY?
μi	fe Insura	nce sale	sman	-		Vi	.rgini	Ĺa		U	. S.	
13.	FATHER'S NAME	_					'S MAIDEN I					
	George	Y. Worth	ningto	on				aliaf				
	WAS DECEASED EVER !	U S ARMED FOR	CES? 16, 50	CIAL SECURITY NO	11	FORMANT	3308	Okin.	awa Ave	aue,	Rock	ville,
N	lo –		- 579	-268-34	18 M	rs. Ge	orge	Dick	son - D	aught	er	
	18. CAUSE OF DEATH	(Enter only one co	use per line f	or (o), (b), and (c).]						INTERVAL	8ETWEEN
	PART I DEATH	WAS CAUSED BY:	Exsar	nguinatio	n						3 de	ND DEATH
	5/2.1	DUE TO	,									
	Conditions, if any,	which) (b	Dive	rticuliti	s. C	olon					1 we	ek
	gove rise to imm couse (a), stating the	ediate (
	lying cause lost.		_Biogs	cicles a desire	X	Diverti	culosi	s				
Z O	PART II. OTHER	SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DE	ATH BUT	NOT RELATED	O THE TERM	NAL DISEAS	E CONDITION GIV	EN IN PART		AS AUTOPSY REORMED?
SAT												□ NO De
CERTIFICATION	20d ACCIDENT WAS TO CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTION OF	JNDERLYING () CAUSE OF DEATH DICAL EXAMINER)	20b. DESCRI	BE HOW INJURY O	CCURRED). (Enter nature	af injury in	Part Car Por	t II of item 18)			
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye	or 20d. INJU	RY OCCURRED	20e PLA	CE OF INJURY	Hame, farm	n, 20f. (City	or town)	(Co	ounty)	(Stote)
AEDI	Hour o, m.	19	While	Not while	foc	tory, street, aff	ice bldg., etc	:-)				
-4.	21. I certify that	1 attended the			9	1059	la De	1C ve	1950	that I lac		doooaad
	alive anDec		, 15Q /	and that	death				the causes an			
	univo uni	7	1 /11	did mar	deam	occorred c			treet, city or town,			ATE SIGNED
	ACTUAL SIGNATURE	fred I	-dhi	Acolo	·O	n Robe	rt T.	Thiba	deau	Dec 2	1, 195	9
	SIGNATURE 7 50			-				cord S			-1,	
	PHYSICIAN'S Rob	ert T. Th	i badear	1, M.D.		Kens	ingtor	, Md.				
220	BURIAL CREMATION.	22b. DATE THEREC		2c. NAME OF CEM	ETERY OF	CREMATORY		22d. LOCA	TION (City, town, o	or county)	(9	itale)
Bu	REMOVAL (Specify)	12-24-		[vy Hil]		metery	7		andria,		,	
_	FUNERAL DIRECTOR'S	IGNATURE		AĎDRESS		meret)	240 PEC'	D BY REGIST	PAR 245 REGIS	STRAR'S SIGI	NATURE	
	Robert A.	Pumphr	ey, Be	ethesda,	, Md		DATE D	EC 28	29 Cr	A pully	/ CAUCH	



CERTIFICATE OF DEATH Reg. Dist. No. director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY **b.** COUNTY MARYLAND erol b. CITY OR TOWN (If ourside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) & LENGTH OF STAY IN 16 RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE 96 To Dewmar Lane ON A FARM? YES 🔲 NO 🔀 NAME OF DECEASED 4. DATE First Middle Month Day **QF** {Type or print} DEATH 19.7 5. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED Months Days WIDOWED A DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? puo 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO INFORMANT Address 15. WAS DECEASED EVER S. ARMED FORCES? INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** 4.20.0 Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Slote) (County) foctory, street, office bldg., etc.) Hour o m While Not while of work 🔲 at work , 6. 19.5 Ithat I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 5.7.5 a.M. from the causes and on the date stated above DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) (Stole) DUI' 18 10 Congressional Cem Washington. D.C. 0 **FUNERAL DIRECTOR'S SIGNATURE** 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) DATESEC 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 2a,b,c

VS A1S (4)

1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Montgomery c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Month Day Year 12 190 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Months 12. CITIZEN OF WHAT COUNTRY? Address 2900 PEREGOY DRIVE INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(State)

YES NO T

(County)

... 1959, that I last saw the deceased

DATE SIGNED

(State) SUITLAND NID

24b. REGISTRAR'S SIGNATURE arthur S. Kraus DATE DEC 1 5 '59

TARREST DURING Theory are all the ___ A 70% E5 25 Consideration concerns when the new time of the Manuel I was 1424 E.C. 21299 F. 12 A CONTRACTOR he effect hugge A

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13975 Reg. Dist. No.

		Keg, Dist, No.			
1. PLACE OF DEATH g. COUNTY		11		tution: Residence before adm	ilision)
Montgomery	MARYLAND	o. STATE D. C	b. COUN	/IY	V
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	putside corporate limits, writ	corporate limits, write RURAL and give nearest (own)	
Bethesda	D.O.A	Washingt	on	47X-3	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS		e, IS R	RESIDENCE
Suburban		3100 Brandwine St N.W] NO [
3. NAME OF First DECEASED (Type or print) Harold	Middle	led irkin	4. DATE Mon		Year 1950
5. SEX 6. COLOR OR RACE 7. MARRI		DATE OF BIRTH	9. AGE (In years		ER 24 HPS.
male what WIDOWE		2.27.0.	5 5 Dyrs	Months Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT	
For freezes he	Tal	200		N.S.G	6
13. FATHER'S NAME	^ /	14. MOTHER'S MAIDEN N	AME	11 0 0 0	
HYMAN Z	IRKIN	SA	RAH	HARRIS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16,	SOCIAL SECURITY NO. 17. IN	FORMANT	Addres	18	
NO		WHE 3	SAMEAS	IteN 2	
18. CAUSE OF DEATH [Enfer only one cause per line	far (a), (b), and (c),]	/		INTERVAL BETWO	EEN ATH
PART 1. DEATH WAS CAUSED BY:	rosan oce	Credion		suits	lden
4-20.1 DUE TO					2 T/ 10
Conditions, if any, which) [b]					
gove rise to immediate couse (o), stating the underlying DUE TO				1 1	
couse lost. (c)					
PART II, OTHER SIGNIFICANT CONDITIONS CO	ENTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAUDISEASE CONDITION G	IVEN IN PART 1(0) 19. WAS	AUTOPSY DRMED?
CAT				YES T	NO [2]
PART II. OTHER SIGNIFICANT CONDITIONS CO	HOW INJURY OCCURRED. (E	iter nature of injury in Part	I or Part II of item 18.)		
	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form,	20f. (City or town)	(County)	(Stote)
20c. TIME OF INJURY Month, Day, Year 20d. While P. m. 19 of wo	Not while facto	ry, street, affice bldg., etc.)			_ 1 _
21. I certify that I took charge of the		re. held an Autonsy	, Inspection K	, Inquiry , and	find the
death resulted from: Natural causes		ide 🔲, Hamicide		pane,	mid sig
1 1 2	4			DATE	SIGNED
SIGNATURE THOMAS 15	wehart			VAIL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
EXAMINER'S FLANK T. BY	6sehart	ASSISTANT MEDICAL E	- 12	-27-59	
220. BURIAL, CREMATION, 226. DATE THEREOF 12/30/59	PT. LINCOLN	CEMETERY	22d. LOCATION (City, fown, PRINCE GEO	ORCHS CO ARID	h .
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS (A)	240. REC'D	BY REGISTRAR 246. REG	SISTRAR'S SIGNATURE	-
Joseph Gawler's Sons 17	56 Pa. are. 7	1.W. DATE D	EC 2 9 '59	Civilian S. France	

VS. A15ME(5) 5M 9/55 All the second of the second o